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Byung'chu Dredge Kang Date

The Asia Pacific Transgender Health Handbook

By

Byung'chu Dredge Kang
MPH

Global Health

_____

Roger Rochat
Committee Chair

The Asia Pacific Transgender Health Handbook

By

Byung'chu Dredge Kang

B.A., University of Maryland, 2002

M.A., Emory University, 2009

Ph.D., Emory University, 2015

Thesis Committee Chair: Roger Rochat, M.D.

An abstract of

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University

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Master of Public Health
in Global Health

2016

Abstract

The Asia Pacific Transgender Health Handbook

By Byung'chu Dredge Kang

Male-to-female transgender individuals are at particularly high risk for HIV. As transgender women are often a smaller constituency subsumed under the males who have sex with males funding category, programs and materials typically do not focus on their specific needs. Transgender women are also vulnerable to syndemic conditions based on their unique background: they experience high rates of discrimination in health care, depression and other mental health conditions, under-education, unemployment, sex work, drug use, violence, rape, and police brutality. Transgender women also engage in feminization practices including hormone use, silicone injection, and other body modifications and surgeries that may pose additional health risks.

In order to address the health needs of transgender women in the Asia Pacific region, a group of transgender sex workers from the Asia Pacific Network of Sex Workers came together and identified increased knowledge about HIV, STIs, and other health conditions as their most pressing issue. Their number one priority became the development of an easy to read handbook on health issues specifically tailored for transgender women in the Asia Pacific region. No such resource existed. The Asia Pacific Network of Sex Workers developed this handbook with funding and support from the American Foundation for AIDS Research, the Asia Pacific Coalition on Male Sexual Health, and 7 Sisters. Dredge Byung'chu Kang was hired to write and coordinate the development of the handbook, which was completed in 2010. A poster about the handbook and the process of its development was presented at the 10th International Congress on AIDS in Asia and Pacific (Kang, 2011).

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This thesis is the culmination of work that never occurred in isolation. I want to thank Roger Rochat for working with me on this thesis as a special studies project. Peter Brown, always brilliant and supportive, suggested that the Transgender Health Handbook was appropriate as such. I also want to acknowledge Eli Rosenberg and Kevin Sullivan for their guidance on my prior thesis topic in global epidemiology. Tri Do gave me access to the Nuestros Voces data set and helped me think through some of the social epidemiological implications of race, homophobia, and poverty. A special thanks to Jena Black, who shepherded me through the process over the years. My cohort study group in global epidemiology (Glen Abedi, Jacqueline Michelle Allen, Jerry P. Abraham, and Joy Mirjahangir), global health (Ifeoma Adimora-Nweke, Heather Dron, and Kiti Kajana Phillips), and epidemiology (Catheryn Salibay) made me feel at home in Rollins.

I dedicate this thesis to the memory of Andrew Hunter, whose advocacy with sharp wit and venomous critique has improved the lives of innumerous transwomen, sex workers, and people living with HIV.

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The Asia Pacific Transgender Health Handbook

Chapter 1: Introduction

Male-to-female transgender individuals (transgender women, abbreviated as TG) are at particularly high risk for HIV, typically having higher seroprevalence rates than other men who have sex with men (MSM)(Baral et al., 2013; Herbst et al., 2007). As TG are often a smaller constituency subsumed under the MSM funding category, programs and materials typically do not focus on TG individuals but rather gay identified men and, to a lesser extent, male sex workers (who often self-identify as heterosexual) that cater to gay men. Transgender women are also vulnerable to syndemic conditions (Singer & Clair, 2003) based on their unique background: they experience high rates of discrimination in health care, depression and other mental health conditions, under-education, unemployment, sex work, drug use, violence, rape, and police brutality (Clements-Nolle, Marx, Guzman, & Katz, 2001; Edwards, Fisher, & Reynolds, 2007; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Guadamuz et al., 2009, 2009; Kenagy, 2005; Melendez & Pinto, 2007; Nemoto, Operario, Keatley, Han, & Soma, 2004; Nuttbrock et al., 2009; Operario, Soma, & Underhill, 2008). Transgender women also engage in feminization practices including hormone use, silicone injection, and other body modifications and surgeries that pose additional health risks (Guadamuz et al., 2010).

In order to begin to address the health needs of TGs in the Asia Pacific region, a group of TG sex workers from the Asia Pacific Network of Sex Workers (APNSW) came together and identified increased knowledge about HIV, STIs, and other health conditions affecting TGs as the most pressing issues. Their number one priority became the development of an easy to read handbook on health issues related to TGs. No such resource existed. APNSW sought funding for

this project from the American Foundation for AIDS Research (amfAR) and enlisted additional organizational support from the Asia Pacific Coalition on Male Sexual Health (APCOM) and 7 Sisters, a coalition of HIV organizations in the Asia Pacific region. APNSW identified and hired Dredge Byung'chu Kang as a consultant to develop health education materials for TGs in the Asia Pacific region. Mr. Kang developed the materials in collaboration with TGs throughout the region. The Transgender Health Handbook was completed and began distribution in 2010. The subsequent year, it was translated into Bahasa Indonesia and modified for the national context. Due to the untimely death of the Project Manager at APNSW, plans for additional translations have not materialized. The handbook continues to be distributed through APNSW, APCOM, and Transgender Asia. A poster about the handbook was presented at the 10th International Congress on AIDS in Asia and Pacific (Kang, 2011).

Problem and Rationale for the Project:

Transgender persons, especially transgender women (TG) who engage in sex work, are among the most at risk populations in the Asia Pacific region. In the few areas where HIV seroprevalence data are available, transgender populations typically experienced extremely high HIV infection rates, significantly higher than other MSM populations (World Health Organization, 2006), often second only to injection drug users among most at risk populations . However, transgender women also face many other health and well-being risks such as extremely high levels of violence, police abuse, and rape. For example, a respondent driven sampling study in Cambodia showed that of the *srey sros* (transgender women) sex workers in the study, 48.5% had been raped by a client in the past year; 37.5% had been gang raped by clients in the past year (average number of clients present at gang rape 6.1); that in 71.2% of

these rapes a weapon was involved and that 65.3% of the transgender victims experienced anal bleeding as a result of the rape (Jenkins, 2006).

While TG, and especially male to female transgender sex workers, are theoretically served by HIV prevention programs that target men who have sex with men (MSM), sex workers, women, and other most at risk populations, in practice transgender persons are generally not served by any program unless they are specifically targeted. Furthermore, educational information for MSM does not address the specific needs of transgender women (e.g. identification independent of gay men, high rates of sex work, gender transitioning and violence related to it). Furthermore, transgender women face many barriers in accessing health care services. Even in Thailand, where transgender acceptance is relatively high, transgender women felt uncomfortable with or unwelcome at general health services as well as programs targeted to MSM and both male and female sex workers (Jenkins, na Ayuddhaya, & Hunter, 2005). They consistently reported that staff discriminated against them, and thus simply bought their own medications from pharmacies. At APNSW's Transgender Health Workshop in 2005, transgender women from all the countries represented reported similar issues. This was in line with a prior APNSW consultations on transgender issues in 2004. Participants cited reasons for avoiding health care including: embarrassment, fear of discrimination, fear of being treated in male hospital wards, fear of staff calling the police assuming they were sex workers or drug users, and USAID funded clinics turning them away citing that they are not allowed to work with sex workers due to the US "anti-prostitution pledge." Poor health seeking behavior is widely acknowledged among service providers in HIV testing, STI screening, treatment and care services, as well as for other health conditions.

Objectives and Significance:

The objectives of the Transgender Health Handbook are twofold:

1) To increase knowledge among transgender women about HIV/STIs, more healthy gender transitioning practices, safer sex work, their rights, access to care, and available resources.
2) To increase health provider knowledge about the specific needs of transgender women.

A transgender working group of APNSW initially conceived of a project producing five outputs: 1) Transgender Health Handbook in seven languages, 2) HIV+ Transgender Health Handbook in seven languages, 3) Guide for providing TG sensitive services in medical settings, 4) Guide to working with TGs in HIV and related non-governmental organizations and networks, 5) Report on priorities for additional research. The seven languages identified were English, Burmese, Chinese, Khmer, Lao, Thai, and Vietnamese as the project initially focused on the Greater Mekong Subregion. Given the availability of resources, however, one guide had to address both transgender women themselves and service providers. The objective of the project thus became the development of a handbook that would increase knowledge with the understanding that this, in and of itself, would not necessarily reduce risk behaviors among TGs, increase sensitivity among service providers, or improve research and policy. Nevertheless, the dissemination of basic information is considered a necessary stop to addressing larger issues around sexual health, health care access, and social policy. In particular, no existing resource specifically addressed the health information needs of transgender women. The aim of the project is to fill this gap.

Chapter 2: Project Preparation and Design

In January 2006, the Asian Pacific Network of Sex Workers (APNSW) convened the Transtravaganza-Asia Transgender Health Workshop in Pattaya, Thailand with participants from 8 countries. During the workshop, participants decided that their first priority was a simply written (and easily translatable) health information resource booklet specifically targeting issues relevant to TGs in Asia: information on hormones, mental health issues, aging, HIV prevention, and living with HIV. Based on this priority, APNSW developed a steering committee to spearhead this project. A working group was established, but two of the key members, including the convener, died within six months of the workshop. This was a setback, but also a call to action demonstrating the urgency of the project. This working group decided to promote the original need for better, specifically targeted, health information-feeling that the information was now more urgent.

At the same time, MSM programs targeting gay men, male sex workers, and TG were scaling up because of new funding streams. In most cases, however, programs were not addressing their needs as transgender women. In many countries the inclusion of TGs in MSM funding streams has led to transgender services being split off from sex worker programs, and their services and issues being subsumed into services tailored, in most cases, towards gay men who often want to distinguish themselves from transgender women. A new group was established at the APNSW Regional Human Rights Workshop held in Cambodia in April 2007. The project was championed and chaired by Khartini Slamah, herself a TG sex worker and well-respected HIV activist from Malaysia. In February 2008, APNSW received funding from the American Foundation for AIDS Research (amfAR) to produce a set of resources for the highly impacted Greater Mekong Sub-Region, which includes Cambodia, China (Yunnan Province and

Guangxi Zhuang Autonomous Region), Laos, Myanmar, Thailand, and Vietnam. In particular, APNSW resolved to produce several multilingual outputs: 1) Resource on TG health issues in 7 languages, 2) Resource for HIV+ TG in 7 languages, 3) Guidelines for TG friendly health services in 7 languages targeted to service providers, 4) Guidelines for HIV organizations, NGOs, and networks on how to work with and include TGs in English, and 5) a report on future research needed to improve the health and well-being of transgender women in the region. The seven primary languages are Burmese (Myanmar), Chinese, English, Khmer, Lao, Thai, and Vietnamese.

These efforts were led by APNSW, a sex worker organization. During this period of time, Asia Pacific Coalition on Male Sexual Health (APCOM), an organization focused on gay men and other MSM in the region, also came to the conclusion that the needs of transgender women were distinct and should be addressed specifically in addition to programing for gay men and heterosexually-identified male sex workers. At the APCOM sponsored Risks and Responsibilities Consultation held in New Delhi, India in September 2006, the TG caucus resolved to create their own network. The clear message from transgender caucus was that TGs are not men, that inclusion of transgender women into MSM services, research, and data reporting leads to an under-reporting of their HIV incidence and compounds the lack of health services and systemic discrimination they face in society. Thus, both APNSW and APCOM acknowledged a need to develop a TG community network and the capacity to address their specific needs. Furthermore, both APCOM and APNSW recognized the potential synergy of their networks, and the strength of transgender women in addressing their own needs, and thus resolved to create a TG specific network. In June 2008, APNSW and APCOM agreed to a joint strategy, the Joint APCOM & APNSW TG Strategy for development of an Asia Pacific

Transgender Network, on the development of an Asia Pacific Transgender Network (APTN) that would facilitate efforts at HIV prevention and health promotion among transgender women in the Asia Pacific region. In March 2009, the 7 Sisters coalition of HIV organizations joined APCOM and APNSW in their effort to develop APTN with a focus on strategic planning and leadership development. All three organizations combined available resources into a single pool to work on 1) the production of a health handbook for TGs in the Asia Pacific region and 2) the development of APTN.

APCOM, APNSW, and 7 Sisters jointly identified Dredge Byung'chu Kang as a consultant for the project based on his anthropology dissertation research on transgender women in Thailand and his prior HIV service work with Asian and Pacific Islander transgender sex workers in Los Angeles and San Francisco. Dredge Kang agreed to accept the consultancy on condition that he would work as lead writer and volunteer coordinator of the project in collaboration with a TG from Thailand, whom he would mentor as a potential leader of APTN. Dredge Kang suggested activities to synergize the two projects rather than treat them as separate projects. In particular, this freed international consultant salary expenses to hire a local transgender woman and tripled the number of community participants that could be involved in meetings and consultations. The three organizations agreed and contracted Dredge Kang as Writer/Mentor and Hua Boonyapisomparn as Coordinator for the combined project of developing a health handbook targeting transgender women and a network of community leaders that could lead future HIV and health efforts targeting TGs in the region. Thus, two projects would be addressed collaboratively among three organizations and two consultants, namely the production of the Transgender Health Handbook and the development of the Asia Pacific Transgender Network.

Project Design: Transgender Health Handbook

APNSW, as the fiscal agent, produced a Transgender Health Handbook. The process involved a community consultation (Bangkok) to identify issues of importance to transgender women with a particular emphasis on sex workers. Dredge Kang wrote the text of the handbook and mentored Hua Boonyapisomparn to coordinate the logistics of the meetings (e.g. developing agendas, securing venues, providing documentation for participant visas-which can be particularly difficult for transgender and sex worker participants). Dredge Kang wrote two draft documents: one geared toward transgender women and a second toward service providers.

The first community consultation was held in Bangkok to coincide with a larger sex worker consultation organized by APNSW. At this meeting, participants decided to focus all resources on the health handbook for transgender women. Participants did not have expertise in documents with service providers and felt that providers could learn from a document targeting transgender women. Additionally, participants felt that the language used for service providers was not appropriate for transgender women. That is, transgender women did not understand the technical language, felt alienated by it, and thought that limited resources should target TGs rather than providers. There was also disagreement between TGs and service providers on certain issues, for example, whether hormone dosage should be suggested and what the dosage should be. Information regarding standardized hormone use and dosage was one of the issues most important to transgender women. Transgender women generally based their self-treatment decisions on the advice of peers. In particular, medical doctors who were consulted felt that the dosage should not be published as it could lead to self-treatment. However, given the already high levels of self-treatment and generally low access to clinically supervised treatment, transgender women themselves felt that dosage guidelines were essential information. In many

countries, these drugs are available without prescription. There was a particular concern among transgender women that TGs currently used too high a dosage, thinking that the more hormones they take the faster the results would appear. Additionally, many TGs rely on birth control pills as their source of hormones, in part because they are more accessible. However, the formulation is not ideal for transitioning. Thus, transgender women directed the handbook in ways that would be useful for them.

Two additional consultations provided feedback on the draft handbook targeting transgender women. One was planned to coincide with the 9th International Congress on AIDS in Asia and the Pacific in Bali in August 2009. A second was planned to coincide with the foundational meeting for the Asia Pacific Transgender Network in Bangkok in December 2009. By planning meetings to coincide with larger events, the project was able to minimize resources spent on participant travel. During these consultations, TG participants provided input in areas such as topics to be covered, length, style of writing, advice they felt was relevant to their needs from their own perspective, and graphic design.

Simultaneous work by Dredge Kang and Hua Boonyapisomparn focused on the development of the Transgender Health Handbook and APTN. APCOM and 7 Sisters convened a TG caucus and an APTN planning meeting at the 9th ICAAP (Bali) in August 2009. During this meeting, the process for the selection of participants at the first APTN meeting and a draft agenda were formulated. The three organizations, APNSW, APCOM, and 7 Sisters convened two consecutive meetings in Bangkok in December 2009 to 1) finalize the TG Health Handbook and 2) develop a governance structure and strategic plan for APTN. Both meetings were conducted with simultaneous interpretation in Mandarin, Thai, and Khmer to ensure participation of community members not fluent in English (i.e. not limited to the educated elite of

international organizations). Conducting these two meetings back to back reduced travel expenses as many TGs participated in both meetings. A joint reception between the meetings also brought all participants together at once, to encourage greater collaboration and networking between the two projects' participants. The Transgender Health Handbook is reproduced in its entirety in the Appendices.

Chapter 3: Conclusion

As an outcome of the process, both the Transgender Health Handbook and Asia Pacific Transgender Network (see www.weareaptn.org) were developed. Due to wide community participation in development of the Transgender Health Handbook, the materials were well received. In particular, the stories and advice provided were locally relevant as they had been provided by transgender women. APNSW developed and distributed the handbook in English through its networks based in Kuala Lumpur, Malaysia and Bangkok, Thailand. This was also an early success for the APTN. Dr. Sam Winters described the handbook as "Superbly comprehensive advice in plain English" on the website for the Transgender Asia Research Centre of the University of Hong Kong (www.transgenderasia.org, July 27, 2012). The Paulo Longo Research Initiative linked the handbook to their website (www.plri.org, August 19, 2011) noting that: "This booklet provides information [on] transgender health (including hormones, HIV and STIs, human rights and social well being). This essential reading on the subject was developed by transgenders who have formed a new network in Asia and the Pacific." The Handbook has also been catalogued and linked on numerous websites in different languages including Chinese, Arabic, and Polish.

The handbook was initially intended to be translated into the six primary languages of the Greater Mekong Subregion. However, funding for this had not been acquired. The subsequent year, Sanggar Waria Remaja (Transgender Youth Project) of the Srikandi Sejati Foundation translated and adapted the handbook for use in Indonesia with funding from the World Population Foundation. In Thailand, the handbook was used by local programs with the intent of translating and producing a localized version. However, the process became embroiled in controversies around what is medically appropriate treatment for gender transition and never was

actualized. APNSW and the newly developed APTN members also prioritized translation of the Transgender Health Handbook into Japanese and Malay. However, the APNSW coordinator for the handbook died in 2013 and the project of further translations has been left to national and local organizations. This, in part, points to the fragile nature of ongoing HIV efforts in the Asia Pacific region as the work often relies on the leadership and stewardship of individuals rather than institutions. APTN has been able to garner increasing attention from international organizations and funders (see Appendices), though this has not yet led to widespread increases in transgender specific resources and programming.

Among the most important lessons learned from this experience is that projects for a particular group can mobilize, coordinate, and synergize funding sources from multiple streams when various stakeholders collaborate. For instance, this project accessed funding through HIV, sex worker, and men who have sex with men programs and networks such as APNSW, APCOM, and 7 Sisters. Additionally, funding for HIV materials development was synergized to help develop a network for TG in the Asia Pacific region. That is, two different objectives were met by combining activities, particularly meetings, which were the largest program expenses. This demonstrates that funding from projects such as materials development can be leveraged to develop community networks that further promote the needs of particular communities. In any case, community participation is essential to the development of targeted materials which are life-world relevant. The Transgender Health Handbook was well accepted because it incorporated the life experiences and advice of transgender women themselves. A document based on the “objective” language of medical practitioners and health educators would not have been relevant or accessible to this population. Additional health promotion work targeting TGs must involve transgender people, including as leaders. Furthermore, transgender organizations

should strive to involve female to male, male to female, gender expansive, and differently identified communities (e.g. hijras). To this end, resources should also be dedicated to developing the capacities of local transgender communities towards identifying and addressing their own needs.

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Appendix A: Reports by and in collaboration with Asia Pacific Transgender Network

Asia Pacific Transgender Network. 2015. Finding Our Place, Finding Our Voice: Asia and the Pacific Transgender Organization Mapping Report. Bangkok, Thailand.

Asia Pacific Transgender Network. 2014. Agenda in Transition: Advancing Actions to Secure the Health and Rights of Transgender People in Asia and the Pacific. Bangkok, Thailand.

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World Health Organization. 2013. Regional Assessment of HIV, STI and Other Health Needs of TG People in Asia and the Pacific. Geneva, Switzerland.

World Health Organization. 2013. HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific. Geneva, Switzerland.

Appendix B: Transgender Health Handbook

[30 Pages]

Asian Pacific Network of Sex Workers. 2010. The Transgender Health Handbook (Mama knows best, but mama is not always right… This is another source of advice for transgender women on living a healthy life). Kuala Lumpur, Malaysia and Bangkok, Thailand.

The Transgender Health Handbook is available online at these sites:

Asia Pacific Network of Sex Workers

https://apnsw.wordpress.com/tag/transgender-health-handbook/

https://issuu.com/apnsw/docs/tghandbook

Asia Pacific Coalition on Male Sexual Health

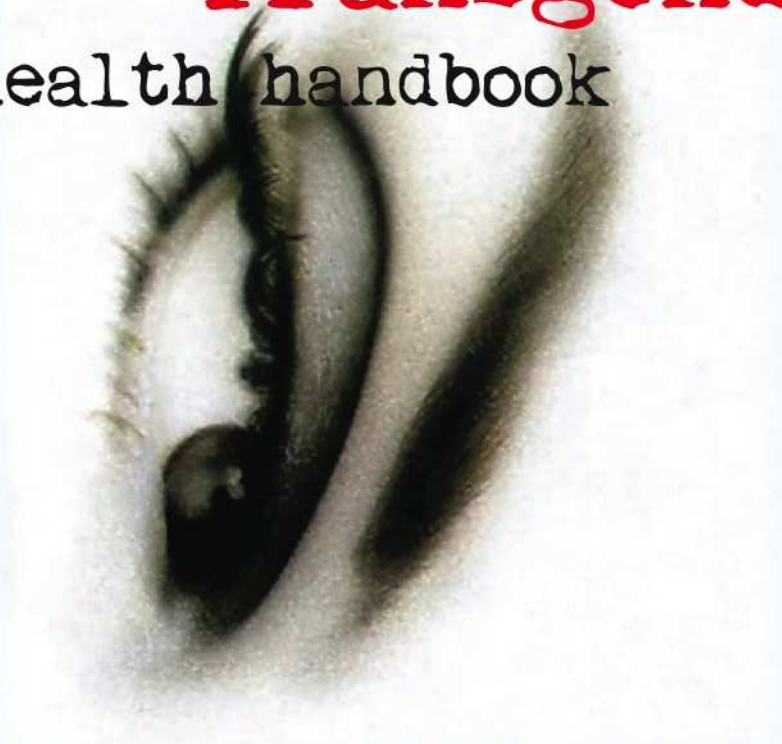
http://108.174.147.101/~apcomorg/transgender-health-handbook

Transgender Asia Research Centre (University of Hong Kong)

http://www.transgenderasia.org/apnswtghandbook.pdf

Transgender

health handbook



This is another source of advice for transgender women on living a healthy life.

"Many people think that we are just gay men in dresses...
But we know we are not, we are transgender women.
We have identities and lives very different than gay men.
We are special. No one can take away our dignity."

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Mama knows best, but mama is not always right...

As transgender women, we come in all ages and shapes, all personalities and types: just like everyone else. But for many of us, every day, we face stigma and discrimination for our gender presentation or sexuality. Sometimes we are rejected by our own families or face violence in public. This reduces our life opportunities, for example, our chances to receive an education or find gainful employment. Sex work often becomes our only real option to make a living. Sometimes we turn to alcohol or drug use as a means to cope with shame and social isolation. Many of us become infected with HIV and have to deal with the rejection that often follows.

This booklet provides information about things we care about as transgender women: our health (including hormones, HIV, and STDs), our human rights, and our social well-being.

Somchai's Story

When I was five, I felt as though my body looked different from how I felt it should be. I dressed in my sister's clothes because I felt more comfortable in them. My parents were very angry and beat me because I kept changing the boys' clothes my mother dressed me in. When I reached school age, it got even more difficult because the teachers wanted to put me into a boys' class but I wanted to be with the girls. In the boys' class, the other boys teased me and beat me, just like my parents. At the age of 11, I ran away from home to the city because no one seemed to understand me. In the city, I found other people like me who comforted me and accepted that I was the way I was. These "transgender" people sold sex for money and I started to do this too after they taught me how to do it ...

Gender expression is a deeply ingrained way of life. Transgender women do not just change genders like clothes. Gender is a core part of our identity. But it need not be fixed either. We should be allowed to change the way our bodies look to match our feminine sense of self.

Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. Not all of us practice sexuality the same way. Some of us like to penetrate men, while some of us think this is disgusting. We often do things we don't like because we do it for money. Some of us also like to have sex with women. We should respect each other's choices in partners and sexual practices.

Sexual health is also about changing our bodies to match how we feel inside. Many of us are first concerned with becoming more feminine. Besides wearing women's clothing and using cosmetics, we often use hormones and surgery to make our bodies more feminine. This is a choice that some of us make to reinforce the way we feel about ourselves. Others of us choose not to take hormones or have surgery, but we are just as much women as those who change their sex.

"We don't need to modify our bodies to be beautiful or proud of ourselves. We don't need to change our bodies to become women if we already feel that we are. Whether or not we have a sex change, regardless of what our identification cards say, if we appear as women, we should be accepted as women."

Becoming More Feminine

Hormones, operations, and access to health care vary widely in their availability in different parts of the region. In most places, hormone therapy is not covered by national health plans or private insurance. Hormones and other procedures related to transitioning from male to female can be very expensive. Paying for expensive hormones and surgery is one reason some transgender women do sex work.

In general, if you go to an endocrinologist (a specialist in hormones) or another doctor who is familiar with transgender hormone care, the cost for initial consultation, physical exam, and laboratory testing is very expensive. Follow-up visits at 3 and 6 months and at 1 year tend to be less costly, with fewer laboratory studies. Sex change surgery and other cosmetic operations are often unavailable or too expensive for most transgender women. Because of the cost and lack of access to experienced and sensitive doctors, many of us become our own doctors and follow the advice of our mamas and big sisters. We often take care of ourselves and our friends or we use the services of unqualified people. This can be very dangerous because there are many side effects to hormone use, including death. Injecting hormones, Botox, oil, or silicone often causes infection or scarring.

Big Sister, what advice do you have on using hormones?

Big Sister recommends that you see a doctor, who has experience with transgender hormones because overuse of estrogen can be deadly. But Big Sister understands you might not have access to an experienced or sensitive doctor.

"Never inject silicone into your body. This can create an infection or scarring of the skin. Over time, silicone moves in ways that you do not expect, creating ugly lumps. Injecting silicone directly into the chest to create two breasts can create a single ugly chest hump."

Big Sister wants to let you know that taking more hormones doesn't mean they will work faster. Hormones need time to work. Taking too much can cause problems, like damage to your liver, which means that hormones will not work in the future because your body won't be able to process them.

To be most effective, hormones should be taken in a combination of estrogens and anti-androgens. Estrogens help you become more feminine. They help you to develop breasts and large nipples. Anti-androgens block the male hormones your body produces, even if your testicles are already removed. They reduce facial and body hair.

Some of us eat estrogen pills like they were candy. We often believe that if we take more, we will become more feminine faster. But we should seek the advice of a qualified medical professional to make sure that we are not over-dosing. Hormones do not change your body immediately. Taking more hormones does not mean our bodies will change faster. The effects of hormones may take more than a year to show. Some things are not affected by hormones. Hormones will not change bone structure, facial features, hips, height, or the size of the hands, feet. There are serious consequences to over-taking hormones. And if you destroy your liver by taking too many hormones, your body will not be able to process them anyway. This is especially important if you are taking other medications or if you have a history of heavy alcohol drinking or smoking.

There are many side effects to using estrogen, some of which can lead to death. Estrogen typically has side effects including mood swings, headaches, nausea, dizziness, acne, skin darkening, and high blood pressure. Other side effects include fatigue, depression, obesity, blood-clotting abnormalities, heart disease, diabetes, gallstones, liver disease, weakening of the bones, advanced age, brain damage, and infertility. Excessive estrogen can cause blood clots and stroke. This is especially important to consider and monitor if you are living with HIV.

So use of hormones should not be treated lightly. Your dosage may depend on factors like age, body size, smoking habits, and whether you still have testicles. It is also important to consider how estrogens work in combination with anti-androgens. Anti-androgens help estrogens to work by suppressing male hormones while

supplementing female ones. It's also important to remember that birth control pills are not the same as female hormones or hormone therapy. Birth control pills include progesterone, which can increase side effects. They also do not provide anti-androgens. So birth control pills are not the best hormone therapy for transitioning from male to female. If you can get hormone therapy, this is a better option than birth control pills.

"I met X, a performer in a bar. She was the most beautiful transgender woman I had ever seen. So I asked her which hormones, she takes and how much, I did the same because I wanted to look like her. But I had terrible headaches and nausea all the time. Another friend asked me what I was taking and told me, I was taking too much. So I reduced the amount and afterwards I felt much better."

Typical Hormone Therapy Protocol from Tom Waddell Clinic

When your doctor proscribes hormones, the combination should look something like this.

	Starting Dose	Typical Dose	Maximum Dose
Anti-Androgen (*Spironolactone*)	25mg-50mg twice a day	50mg twice a day	200mg twice a day
Estrogen (*Premarin*)	1.25-2.5mg per day	5mg per day	10mg per day

Big Sister, how long will it take before my breasts start to show?

Everybody's body is different, most people will see breasts start to form in a couple months, but some people take more than a year.

Taking hormone pills or using patches can be safer than injection. Injecting hormones does not work any faster than pills, so hormone injection should be your last resort. It is also important to remember that reusing or sharing needles can cause infections and can spread diseases like HIV, hepatitis, and multi-drug resistant Staphylococcus aureus (MRSA). Sharing needles is the easiest way to transmit HIV. So if you share needles, make sure that you clean them.

Big Sister, how do you inject hormones safely?

It is safer to use pills than injections, but if you do inject, make sure you follow these steps:

- Clean the top of the hormone bottle with alcohol.
- Fill the syringe with 1cc, the most common dosage recommended by doctors.
- Point the needle up and tap the syringe with your fingers to make any air bubbles go up.
- Push out all the air until you see some hormone coming out of the needle.
- Clean the area you will inject with alcohol.
- Avoid veins and bony areas.
- If you inject in the thigh, use the front of your thigh between your hip and knee.

- Push the needle straight in, not sideways or at an angle.
- When the needle is in you, pull it out a little bit to keep blood from going into the syringe.
- If you see blood, you hit a blood vessel. Pull the needle out and try another area.
- Make sure to clean that area and follow the same procedures.

Big Sister, how do you clean needles?

If you must share needles, clean them first.

- Pull bleach into the syringe.
- Tap the syringe with your fingers.
- Shake the syringe for 1 minute.
- Push the bleach out.
- Then flush the syringe with clean water at least two times
- Don't share or reuse the water that is used to clean the syringe with other people.

As most of us receive no professional counseling, we sometimes have surgeries without understanding the consequences. Transgender women should take hormones before any sex-related surgery. Someone who is unhappy with the effects of hormones may decide not to have surgery or even stop taking hormones.

Some people develop breasts with hormones and do not need surgery to have breasts. Sometimes we have breast or genital surgery at a clinic that is not reputable. But the last thing you want from surgery is scarring and disfigurement. Sometimes our sisters die on unsanitary operating tables.

"We all want different things out of surgery. Talk to a lot of different girls about which doctors are safe, how much they cost, and look at their results. Make your decision after consulting a lot of different friends. Don't just follow one friend's advice."

We must carefully select what procedures we really want. These may be cosmetic procedures that make us more feminine looking or more beautiful, like removing facial hair or shaving off the Adam's apple. Many of us opt for breast enlargement.

Making a new vagina is the most complicated and dangerous surgery. Some people have a very strong desire for this but are often unsatisfied with the results. For example, we may lose the ability to have orgasms or to pee normally.

Many transgender women don't know how to take care of their new vaginas, for example, by douching with water. The new vagina also has to be expanded with dildos so that it stays open wide. Having sex before the vagina is fully healed can cause tearing. Finally, most new vaginas do not self-lubricate, so water-based lubricants have to be used with condoms when we have sex.

"Make sure you find out how to take care of yourself after surgery. If you don't do things like dilate your new vagina, it will shrink and can cause problems during sex."

"After surgery, you may feel like a woman, but you still have boy parts, like the prostate, inside. Remember that we need to take care of ourselves both for our girl parts and our boy parts."

In the end, some transgender women feel that our lives do not really improve after having the operation. Additionally, many transgender women lose their partners when they undergo surgery, because their partners are interested in them as transgender women rather than as biological women.

"Hormones change our moods, but so do operations. It is important to remember that operations often provide a false sense of self-esteem. What is really important is what is on the inside, how we feel about ourselves. Knowing and loving ourselves is a lifelong process. We must prioritize our health over our beauty. Don't use hormones, inject collagen and silicone, or have surgery without first knowing the risks and the appropriate way to do them."

Big Sister says: Don't forget you need cancer screening for both your girl and boy parts.

Transgender women on female hormones need breast cancer screening like regular women since estrogens are a risk factor for breast cancer.

Pre-operative transgender women need testicular cancer screening.

Even after sex change surgery, transgender women need prostate cancer screening on the same age related basis as males.

You should get anal pap smears if you have anal sex, especially if you have had genital warts before.

HIV and STDs

As transgender women, we are at high risk for HIV and STDs. We have among the highest HIV rates of any group. This means that many of us are already living with HIV. This is not our choice nor is it retribution for being bad people. We are often at high risk because of the social discrimination that we face. This includes discrimination in employment that leads to sex work, discrimination in health care settings that prevent us from trusting or seeking care, a low sense of self-worth developed from stigma, and rape and physical abuse.

Big Sister says: Look how many of our sisters are already infected with HIV. We are at high risk.

Big Sister, how do I use condoms?

- Check the expiration date.
- Be careful to open the condom package without ripping the condom with your fingernails.
- Make sure the condom has not been damaged by heat or pressure.
- Leave room at the tip for semen, but not air.
- Roll the condom all the way down the penis.

Use lubricants that do not have oil or grease. Vaseline, oil, and lotion will break latex condoms. Water based lubricants often get dry very fast. If it gets dry, add water or saliva. If you don't have water based lubricant, you can use saliva.

You can't use a condom if you don't have one. Carry condoms with you. If you can't buy them, you can have sex without intercourse. Pulling out before cumming reduces the risk for HIV, but not for other STDs like gonorrhea, Chlamydia, and syphilis. Be creative in making sex safer.

In some places, you can get female condoms. Some people like them better and say that they are cleaner, but they are usually more expensive. You can also use any lubricant you want with a female condom.

Transgender
health handbook

"Sometimes we don't want our partners to wear condoms because it makes us feel like we are loved. But why gamble with your life? Next week he could be making love with your friend"

"Just because your partner is married or straight does not mean he does not have HIV or another STD.

"Some men try to hurt us. If you can, meet first in a public place. Tell friends who you are meeting and have them check on you later. Be careful if your date tries to drug you. Make sure you can always see your drink. If it is already there before you arrive, you should be suspicious. Trust your instincts. If it feels uncomfortable leave the situation."

Big Sister Says: Be careful with alcohol and drugs.

Sharing needles when injecting drugs can spread diseases like HIV and hepatitis. But being drunk or using drugs can be just as dangerous if you aren't able to make clear decisions or protect yourself. Many men will try to take advantage of you by getting you drunk or drugging you. Know your limits and stay within them.

"Many men don't want to use condoms because it doesn't feel as good, it spoils the mood, or it makes them feel unattractive. Practice putting on a condom quickly and without fuss so that it just becomes second nature.

TALK LESS, DO MORE

That means you don't have to discuss using condoms, just make sure you keep touching him so he stays aroused. If he is always being stimulated, he probably won't care about using a condom."

Big Sister, what can I do when I don't have a condom?

- Be creative. Try to delay penetrative sex, "save" it for another time. Try phone sex. Give him a massage.
- Have "small" sex. Bring him to orgasm with your hands. Have him fuck your thighs or breasts.

- Use your mouth.
- If you don't have any other options, try to keep him from cumming inside you. Have him pull out before ejaculating.

Condoms are one of the most important tools in preventing the spread of sexually transmitted diseases. They reduce your risk for getting or giving HIV, gonorrhea, Chlamydia, syphilis, HPV (warts), herpes, and other diseases. HIV testing and STD screening are also important practices in reducing risk. We are often reluctant to go to clinics and hospitals because of past experiences of being treated badly. But the only way to know if you or your partner has HIV is to get tested! In many places, HIV testing is free and anonymous. Many tests now do not require blood and give results in about 20 minutes. Some clinics have counselors who will help you to assess and reduce your risk for HIV and other STDs. Remember that testing HIV positive is not a death sentence. Many highly effective treatments are available. In many places, treatment is provided free or at low cost.

"Have you ever felt worried after having sex without a condom? Why do you want to feel that way again?"

Big Sister, what are some common symptoms of sexually transmitted diseases?

- Pain or burning sensation during urination
- Discharge from the penis, anus, or vagina
- Frequent or dark urination
- Pain or itching in the genital area, buttocks, inner thighs or abdomen
- Pain during intercourse
- Sores, warts, blisters, bumps, or swelling of the penis, scrotum, anus, vagina, or genital area
- Rashes on the palms or soles
- Yellowing of skin and the white area of the eyes

If you have any of these symptoms, you should consult a qualified health professional. Do not try to treat yourself.

Living with HIV

Most transgender women in the Asia/Pacific region who are living with HIV do not know their HIV positive status. Voluntary counseling and testing is rarely targeted to or sensitive to our needs. Negative experiences in health care also make testing less accessible. Furthermore, knowing one is HIV positive and living with HIV means that we have to bear an additional unwanted stigma. We might also feel like our life is on a timeline. So many of us think it is better not to know. But current treatments for HIV allow us to live decades longer than if we are not treated for HIV. Living with HIV also means that we are more likely to get other diseases like tuberculosis. So it is important to get treatment for both HIV and the diseases that follow it. Low cost or free treatment with the most advanced medicines is increasingly available in the region.

Big Sister, can I take hormones if I take ARVs?

HIV and hormone treatments can be taken together, but they do interact. Different HIV drugs affect hormones in different ways, so you have to ask a doctor who has experience in this area. Girls have died because they took too many hormones while on HIV medications.

Access to Health Care

We often do not seek treatment or delay treatment for a wide variety of conditions because we feel that we will be discriminated against in clinics, hospitals, and other medical settings. When health care workers snicker or gossip about us, this discourages us from coming back. Sometimes, we are reluctant to seek medical help even for major problems because of how we've been treated in the past. But we should try to find doctors who are sensitive to our needs. Ask your friends if they have advice on where to go. But remember, just because a doctor is nice to you doesn't mean that she knows about transgender women's health. So make sure you find someone who is both experienced and sensitive to transgender women.

Sex Work

Transgender women come from all classes of society and education levels. But as we typically face discrimination, our employment options are often limited to food services, salon services, market work, and some spiritual roles. Given this range of options, many of us chose to be sex workers, or resort to sex work, in order to make a living. We also do sex work out of a moral obligation to support the retirement of our parents, the education of our siblings, or the raising of our children. But not all of us are sex workers, so we should not be stereotyped as sex workers.

Sex work poses particular risk for HIV, STDs, drug use, and other health problems. We will also do things for money that we do not enjoy, like penetrating men. Unfortunately, unequal bargaining and

desperation can lead sex workers to provide services without condoms or other means of protection. Additionally, love remains one of our greatest risk factors. For we are often more than happy to use condoms to distance ourselves from our clients, but, like people in general, do not use condoms with our partners to show emotional intimacy.

"Remember that if you buy a boy, you should use a condom with him."

"I used to think that if I carry a condom, I will be unlucky and not get a customer. But Bank always carried one and she never had any problems, so now, I always carry them too."

Sex workers are also particularly vulnerable to physical violence at the hands of our clients, criminals who prey upon us knowing we have little protection from the police, the police themselves, and moral crusaders. Such violence, and the lack of concern among those who are supposed to protect us, is a violation of fundamental human rights to physical safety.

Furthermore, the police often actively target and arrest transgender women for sex work, even when we are not sex workers. Just being transgender and walking in certain areas frequented by sex workers, tourists, students, or religious devotees can be cause for arrest. Carrying condoms can also be a problem in that the police can use condoms as evidence of sex work. Sometimes, you might have to hide your condoms when you take them with you.

Tips for Safe Sex Work:

Have someone check up on you after you go with a client. Tell them when they should call or knock on your door.

If you work freelance, don't work alone. Make sure you have friends in the area. Use a whistle if you feel like you are in danger. Use your cell phone to take pictures or video of any problems.

If you work in a shop, stand at the door so that you can see what is happening outside, like if police are coming.

Human Rights

Human rights are about the security, dignity, and equality of every person, regardless of citizenship, race, gender, sexuality, occupation, or other criteria. We are all entitled to basic rights, such as the freedom to practice our own religions or the ability to live our lives without the threat of violence. But as transgender women, we are often subjected to violence, both direct in the form of physical abuse and indirect in the form of impediments to our survival. Many people recognize that rape, sexual abuse, and physical assault are forms of violence that we should not have to endure. But few people notice that we live with violence in our everyday lives.

Social problems like stigma and discrimination play a major role in forming who we are. From a very early age, when we are teased, bullied, and discriminated against at home, in school, or in our religious communities, our lives are transformed. Our personal safety is threatened. Our educational and professional opportunities are limited. Our health is undermined. We are denied full participation in society. Discrimination impacts all aspects of our lives. Even when there are "positive" stereotypes about us, these may be hurtful. For example, the idea that we are creative often pigeonholes us into professions related to entertainment, fashion, and beauty. While many of us want to be hair stylists, designers, or performers, we should not be limited to such jobs.

We all deserve the right to full citizenship, respect, and a life without violence, stigma, and discrimination. We are not seeking special treatment. We only ask to have the same fair treatment as everyone else.

As transgender women, we face specific challenges in our daily lives. For example, when we travel internationally, we are often detained and questioned about why the sex on our passports is different than what we look like. Many countries now allow us to change our identification cards and passports to reflect how we live our lives. This makes a tremendous difference and opens up additional rights, including marriage and adoption.

Social Support and Empowerment

Social acceptance starts with self acceptance and self acceptance improves with social acceptance. We need to respect ourselves and our communities. We need to work towards family acceptance. We need to demand an equal place in society.

Changes in society affect our health because health is related to our position in society. So we must fight for, and enlist the support of others, in attaining equal rights and social acceptance. This does not just happen when we learn to love and take care of ourselves and our communities.

We must also organize and demand change. Changing legal policies, social attitudes, and the economic situation of transgender women is essential for us to achieve productive and satisfying lives. Lives that are not mired in day to day survival but provide the opportunities for us to thrive.

We all come from families but are sometimes rejected by them for being transgender. We must think about each other as a new family. We need to help each other to be the best that we can.

We need to take responsibility for our health and for the well-being of our communities. We need to protect ourselves so that our communities can be strong.

Additional Resources

Standards of Care and Professional Guidelines for Clinicians

The World Professional Association for Transgender Health, Inc. (WPATH): Standards of Care, 6th version – Minneapolis, MN, USA
http://www.wpath.org/publications_standards.cfm

National Health Service: Guidance for GPs and other clinicians on the treatment of gender variant people (10 March 2008)
http://www.pfc.org.uk/files/GuidanceForGPs.pdf

Tom Waddell Health Center: Protocols for Hormonal Reassignment of Gender (24 July 2001) – San Francisco, CA, USA
http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf

Sherbourne Health Centre: Guidelines and Protocols for Comprehensive Primary Care for Trans Clients (April 2009) – Toronto, ON, Canada
http://www.sherbourne.on.ca/PDFs/Trans-Protocols-Announcement.pdf

Agender New Zealand Incorporated and Transgender.co.nz: Transgender Guide for Health Personnel and Transgender women 1st Edition 2009 – New Zealand
http://www.agender.org.nz/AGENDER%20NEWS.htm

Trans Care Project: Transgender Primary Medical Care: Suggested guidelines for clinicians in BC (January 2006) – Vancouver, BC Canada
Several additional guides on hormone therapy, adolescence, advocacy, etc.
http://www.vch.ca/transhealth/resources/careguidelines.html

International Union against Sexually Transmitted Infections (IUSTI) Asia Pacific Branch: Clinical Guidelines …for sexual health care of Men who have Sex with Men (November 2006)
http://sexologyasiaoceania.org/library/MSM/MSM.Clinical.Guidelines.IUSTI.AP.Nov.2006.pdf

LOCAL RESOURCES

Where to get free or low cost testing for HIV and screening for STDs, treatment for HIV and STDs, social support.

CREDITS

Text by: Dredge Byung'chu Käng-Nguy□n, MA, MPH/PhD Candidate.

Edited by: Andrew Hunter

List of Contributors (in alphabetical order by first name): Aldo Saragi, Amitava Sarkar, Ayer Chengtrakun, Amornsak Jaruphan, Champa Sela Sam, Harry Prabowo, Hua Boonyapisomparn, Jesse Koh, Khartini Slamah, Nada Chaiyajit, Nita Ly Tieng, Note Jetsada Taesombat, Pisey Ly, Prempreeda Pramoj na Ayutthaya, Rina Elisha Kor, Senee Vongsavan, Somelith Detthongthip, Sophea Chrek, Sulastri Ariffin, and Thitiyanun Nakpor.

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Appendix C: The Health Handbook for *Waria* [Indonesian]

[37 Pages]

Sanggar Waria Remaja - Srikandi Sejati Foundation. 2011. *Buku Panduan Kesehatan Untuk WARIA* [The Health Handbook for *Waria*]. Translated and edited by Luluk Surahman. Jakarta, Indonesia.

Buku Panduan Kesehatan Untuk

WARIA

BUKU INI MERUPAKAN SALAH SATU SUMBER NASEHAT BERHARGA UNTUK KOMUNITAS WARIA GUNA MENJALANI HIDUP YANG LEBIH SEHAT.

"Banyak orang beranggapan bahwa kita komunitas waria, tidak ada bedanya dengan laki-laki kemayu atau gay yang berdandan dan mengenakan pakaian perempuan. Padahal, bukan seperti itu kenyataanya, kita adalah wanita transgender, atau dalam istilah di negara kita ini, kita lebih senang menyebut diri kita dengan istilah waria. Kita memiliki identitas dan hidup yang sangat berbeda dengan gay. Kami sangat istimewa, dan tak ada siapapun di dunia ini yang boleh melecehkan harga diri kita".

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"*Emak*" mungkin tahu yang terbaik, tapi "*Emak*" belum tentu benar

Sebagai waria kita memiliki latar belakang yang sama seperti orang lain pada umumnya, baik dari segi umur, kepribadian, kesukuan, agama dan lain lain. Satu hal yang membedakan kita adalah setiap hari mayoritas dari kita menghadapi stigma dan diskriminasi yang dikarenakan identitas gender dan seksualitas kita. Banyak dari kita yang secara terang-terangan di tolak oleh keluarga kita sendiri dan mendapat perlakuan kekerasan dari masyarakat umum. Kenyataan ini berdampak dan mengurangi kesempatan kita, termasuk kesempatan untuk mendapat pendidikan atau mencari pekerjaan yang layak dan menguntungkan. Akhirnya hanya menjadi pekerja seks lah yang sering menjadi pilihan nyata untuk kita jadikan mata pencaharian. Sebagian dari kita bahkan mengkonsumsi alkohol atau obat-obatan terlarang yang kita pakai sebagai alasan untuk menutupi rasa malu dan menutup diri dari lingkungan sosial. Banyak dari kita saat ini terpapar HIV & AIDS dan harus berhadapan dengan penolakan, stigma dan diskriminasi yang datang dari berbagai pihak.

Booklet ini menyediakan informasi mengenai hal-hal yang kita butuhkan sebagai waria, mulai dari permasalahan kesehatan (termasuk penggunaan hormon, IMS, HIV & AIDS), serta hak kemanusiaan dan kesejahteraan sosial kita.

Cerita Bunga

"Waktu aku berumur lima tahun, aku merasa tubuhku tampak berbeda dari yang seharusnya aku inginkan. Aku sering memakai baju kakak perempuanku karena merasa lebih nyaman dengan pakaian itu. Orang tuaku sangat marah dan memukulku karena aku terus-menerus mengganti pakaian lelaki yang dipakaikan Ibu dengan pakaian kakak perempuanku itu. Ketika aku mulai masuk sekolah dasar, keadaan menjadi semakin sulit karena guruku ingin menempatkan aku di kelas laki-laki, padahal aku ingin di kelas perempuan. Di kelas laki-laki, anak-anak lain mengejek dan memukuliku, sama seperti orang tuaku. Pada usia 15 tahun, aku lari dari rumah ke kota karena tak ada satu orangpun yang mengerti. Di kota aku menemukan orang-orang seperti aku yang membuatku merasa nyaman dan menerimaku apa adanya. Kaum "waria", mereka melakukan pekerjaan sebagai pekerja seks untuk mendapatkan uang dan akupun mulai melakukan hal yang sama setelah mereka mengajarkan caranya."

Mengekspresikan peran gender menjadi bagian penting dalam gaya hidup kita. Mengganti kelamin bukanlah hal yang mudah seperti kita berganti pakaian. Dalam permasalahan komunitas waria, jenis kelamin adalah inti dari identitas kita. Sebagian waria tidak berkeinginan untuk merubah bagian tubuhnya melalui operasi ataupun terapi hormon, tetapi sebagian waria juga berprinsip untuk merubah bagian tubuhnya demi menyesuaikan sisi femininnya. Pilihan ini adalah hak mutlak setiap individu waria, karena tiap orang memiliki hak untuk berekspresi, yang terpenting adalah keputusan ini harus merupakan keputusan yang bulat dan matang, serta dilakukan dengan cara yang aman dan penuh dengan tanggung jawab.

KESEHATAN SEKSUAL

Kesehatan seksual adalah tahapan dari kesejahteraan fisik, emosi, mental dan sosial yang berhubungan dengan seksualitas. Tidak semua dari kita memiliki aktivitas seksual yang sama. Banyak dari kita bahkan terpaksa harus berhubungan dengan pria yang tidak kita disukai.

"Kita sering melakukan sesuatu yang kami tidak suka dan terkadang kita harus rela melakukannya demi uang".

Beberapa dari kita juga ada yang memiliki hubungan dengan wanita, namun apapun itu, kami harus tetap harus menghormati pilihan partner dan praktek seksual satu sama lain.

Kesehatan seksual juga menyangkut mengenai mengubah tubuh kita sehingga sesuai dengan apa yang kita rasakan di dalam hati kita.

Banyak dari kita yang berkeinginan untuk menjadi lebih feminin. Disamping memakai pakaian wanita dan make up, kita sering menggunakan hormon dan melakukan operasi untuk membuat tubuh kita lebih feminin. Ini adalah pilihan yang dambil oleh sebagian dari kita untuk membuat kita merasa nyaman dengan diri kita sendiri. Sebagian lagi memilih untuk tidak memakai hormon atau melakukan operasi, tapi kita tetap merasa sama cantiknya dengan teman-teman kita yang mengubah kelaminnya.

"Kita tidak perlu memodifikasi tubuh kita supaya menjadi lebih cantik atau lebih bangga pada diri sendiri. Kita tidak perlu mengubah tubuh kita menjadi wanita kalau sudah tertanam dipikiran bahwa kita adalah wanita. Kita harus bangga dengan diri kita apa adanya, dengan atau tidaknya kita mengubah kelamin, apapun yang tertera di kartu identitas kita, jika kita berpenampilan seperti wanita, sudah seharusnyalah kita diterima sebagai wanita."

MENJADI LEBIH FEMININ

Hormon, operasi atau akses ke perawatan kesehatan sangat beragam dan tersedia di beberapa daerah tertentu. Hormon dan prosedur lain yang berhubungan dengan pengubahan dari pria menjadi wanita bisa sangat mahal harganya. Karena harus membayar biaya terapi hormon atau operasi kelamin yang sangat mahal, menjadikan alasan bagi waria mengambil jalan pintas dengan melakukan penyuntikan silikon cair yang harganya relatif murah.

Secara umum, jika kamu datang ke dokter ahli Endokrin (dokter spesialis hormon) atau dokter lain yang paham mengenai terapi hormon untuk waria, biaya konsultasi dasar, pengujian fisik, dan tes laboratorium relatif sangat mahal. Kunjungan konsultasipun tidak cukup satu kali, namun harus diikuti dengan kunjungan selanjutnya dalam jangka waktu 3 bulan, 6 bulan, bahkan sampai setahun, dengan pengetesan laboratorium yang bertahap. Operasi pengubahan bentuk kelamin atau operasi kosmetik lainnya seringkali tidak tersedia atau terlalu mahal untuk sebagian besar waria. Dikarenakan oleh biaya dan kurang tersebarnya informasi dari dokter yang berpengalaman, banyak dari kita yang menjadi dokter untuk diri sendiri dan hanya mengikuti nasehat dari senior atau *emak-emakkan* kami. Seperti penyuntikan Hormon dan silikon cair secara tidak aman yang dilakukan dari teman ke teman. Hal ini sangat membahayakan karena penggunaan hormon tanpa resep dokter memiliki banyak efek samping, termasuk dapat menyebabkan kematian. Penyuntikan hormon, botox, atau silikon cair tanpa prosedur yang benar juga dapat menyebabkan luka dan infeksi. Penyuntikan hormon ataupun silikon cair ke tubuh yang dilakukan oleh tenaga yang tidak professional dan dilakukan dengan jarum suntik yang tidak steril juga dapat memperbesar resiko penularan HIV. Perlu diketahui juga bahwa pemakaian silikon cair untuk membentuk bagian tubuh sudah tidak diperbolehkan lagi.

"Agar pinggulku terlihat lebih besar, aku meminta jasa seorang teman untuk menyuntikkan silikon cair ke pinggulku, namun satu minggu setelah penyuntikan, terjadi luka yang bernanah di daerah yang disuntik, ternyata terjadi infeksi di bagian itu. Luka itu semakin parah, akhirnya aku dirawat satu bulan penuh di rumah sakit, dan dokter melakukan operasi pengangkatan silikon tersebut dari pinggulku. Akibat dari kejadian itu, kini tersisa bekas luka di pinggulku, pinggulku malah menjadi tidak bagus, dan aku sangat menyesal."

"Jangan pernah menyuntikkan silikon ke tubuhmu. Karena penyuntikan silikon tanpa prosedur yang benar dapat menimbulkan infeksi dan melukai kulit. Seringkali silikon cair menyebar ke tempat yang tidak diharapkan dan menyebabkan benjolan yang tidak bagus. Menyuntikan silikon langsung ke daerah dada untuk membentuk payudara dapat menyebabkan benjolan dada yang sangat jelek."

* "Sangat susah mengeluarkan silikon cair dari tubuh. Karena itu kalau ingin mengubah atau memperbaiki bagian-bagian badan sebaiknya melakukan bedah plastik karena lebih aman".

Nekk, Nasehat apa yang *Yel* punya tentang penggunaan hormon?

"Ekke merekomendasikan agar yei menemui Dokter yang berpengalaman dan paham mengenai hormon untuk waria, karena penggunaan estrogen yang berlebihan dapat membahayakan kesehatan. Tapi Ekke juga paham, yei mungkin tidak punya akses informasi mengenai dokter yang benar-benar paham dan berpengalaman mengenai hal ini."

"Ekke juga ingin kasih tahu sama yei , bahwa menggunakan hormon dengan dosis yang lebih tinggi atau dalam jumlah yang lebih banyak, bukan berarti akan bekerja lebih cepat. Perlu yei ketahui bahwa hormon membutuhkan waktu untuk bekerja. Mengkonsumsinya terlalu banyak justru dapat menyebabkan masalah, dan dapat merusak liver kamu, jika itu terjadi, artinya hormon tidak dapat bekerja di masa yang akan datang karena tubuhmu tak sanggup untuk memprosesnya."

Agar dapat bekerja secara efektif, hormon harus digunakan dalam kombinasi estrogen dan anti androgen. Estrogen membantumu menjadi lebih feminine. Estrogen membantumu menumbuhkan payudara dan puting menjadi lebih besar. Anti androgen menghalangi hormon pria yang diproduksi tubuh, bahkan jika testismu sudah diangkat sekalipun, anti androgen akan mengurangi tumbuhnya rambut-rambut di bagian wajah dan tubuh.

Sebagian dari kita mengkonsumsi pil kontrasepsi (pil KB) seperti kita memakan permen. Dengan anggapan bahwa jika mengkonsumsinya dalam jumlah banyak, maka akan lebih cepat menjadi feminin. Alangkah baiknya kita mencari nasehat dokter terlebih dahulu untuk memastikan bahwa kita tidak over dosis. Hal yang perlu diingat adalah, hormon tidak bisa mengubah tubuhmu dalam sesaat. Menggunakannya dalam jumlah banyak pun tidak berarti tubuh kita akan berubah cepat. Efek dari hormon mungkin butuh waktu lebih dari setahun untuk bisa terlihat. Hormon tidak mengubah struktur tulang, bentuk muka, pinggul, tinggi badan, atau ukuran tangan dan kaki. Ada konsekuensi serius dari penggunaan hormon yang terlalu banyak. Misalnya livermu dapat rusak karena menggunakan hormon terlalu banyak, dan jika hal itu terjadi, maka tubuhmu tidak akan bisa memproses hormon. Ini sangat penting untuk diketahui, terutama jika kamu juga sedang dalam proses pengobatan penyakit lain atau jika kamu punya sejarah dari kecanduan berat alkohol dan merokok.

Banyak sekali efek samping dari penggunaan estrogen, beberapa diantaranya dapat menyebabkan kematian. Efek samping yang umum dari estrogen diantaranya perubahan *mood* menjadi lebih sensitif, sakit kepala, kejenuhan, kebingungan, jerawat, flek hitam pada kulit, serta tekanan darah tinggi. Efek samping yang lainnya termasuk pegal-pegal, depresi, kegemukan, penyakit jantung, diabetes, batu empedu, penyakit liver, kerapuhan tulang, penuaan dini, kerusakan otak, kemandulan dan lain-lain. Penggunaan estrogen yang terlalu banyak juga dapat menyebabkan penyumbatan darah yang dapat mengakibatkan stroke. Ini perlu diperhatikan khususnya jika kamu Positif HIV.

Jadi, penggunaan hormon jangan pernah dianggap enteng. Dosisnya harus sesuai dengan faktor yang ada pada diri setiap individu; seperti usia, berat badan, kebiasaan merokok dan apakah kamu sudah melakukan pengangkatan testis atau belum. Sangatlah penting untuk mempertimbangkan kombinasi antara estrogen dan anti androgen. Anti androgen menolong estrogen untuk bekerja dengan menekan hormon pria pada saat hormon wanita disuburkan. Perlu juga diketahui bahwa pil KB tidak sama dengan pil hormone, atau obat terapi hormon. Pil KB mengandung progesteron yang bisa meningkatkan efek samping. Pil KB juga tidak mengandung anti androgen. Jadi pil KB bukan merupakan obat terapi hormon yang terbaik untuk mengubah fisik kita menjadi lebih feminim.

"Ekke bertemu dengan "Melati", seorang penari di diskotik waria. Dia seorang waria tercantik yang pernah ekke lihat. Lalu ekke bertanya padanya; hormon apa yang yei gunakan dan berapa banyak? Kemudian ekke melakukan hal yang sama karena ingin seperti dia. Tapi ekke mengalami sakit kepala yang parah dan mual tiap saat. Teman yang lain menanyakan apa yang ekke pakai dan memberitahu kalau itu terlalu banyak. Kemudian ekke kurangi jumlahnya dan sekarang ekke merasa jauh lebih baik."

Jika seorang dokter merekomendasikan hormon, secara umum kompisisi hormon tersebut berisi :

	Dosis Awal	Dosis Umum	Dosis Maksimal
Anti-Androgen (Spironolactone)	25 mg – 50 mg, Dua hari sekali	50 mg, Dua hari sekali	200 mg, Dua hari sekali
Estrogen (Premarin)	1,25 mg – 2,5 mg, Satu hari sekali	5 mg, Satu hari sekali	10 mg, Satu hari sekali

* sumber terapi hormon umum dari Klinic dr. Tom Waddell

Nekk, berapa lama waktu yang dibutuhkan agar payudara ekke mulai terlihat besar ?

"Tubuh tiap orang berbeda, sebagian orang akan melihat payudara mulai terbentuk dalam beberapa bulan, tetapi sebagian lainnya mungkin membutuhkan waktu lebih dari setahun".

Mengkonsumsi hormon dalam bentuk pil lebih aman daripada suntikan. Menyuntikan hormon tidak bereaksi lebih cepat daripada pil, jadi penyuntikan hormon harus menjadi pilihan terakhir. Yang terpenting untuk diingat adalah memakai ulang atau berbagi jarum suntik dapat menyebabkan infeksi dan dapat menyebarkan virus seperti HIV, dan hepatitis. Berbagi jarum suntik adalah cara yang paling mudah untuk menyebarkan HIV. Jadi, kalau kamu berbagi jarum suntik, pastikan bahwa kamu telah membersihkannya.

Nekk, bagaimana caranya menyuntikan hormon dengan aman

Lebih aman mengkonsumsi pil daripada suntikan, tapi jika kamu tetap ingin menggunakan jarum suntik, pastikan kamu ikuti langkah-langkah dibawah ini:

1. Bersihkan bagian atas botol hormon dengan alkohol.
2. Isi suntikan dengan dosis 1 cc, dosis yang umum dianjurkan dokter.
3. Arahkan jarum suntik keatas lalu sentil badan suntikan supaya gelembung udara dari suntikan keluar.
4. Dorong semua udara yang ada didalam sampai cairan hormon keluar sedikit.
5. Bersihkan area yang hendak disuntik dengan alkohol.
6. Hindari urat-urat di daerah dekat tulang.
7. Kalau kamu menyuntik di daerah paha, gunakan daerah paha atas antara pinggul dan dengkul.
8. Dorong jarum suntik kebawah dengan lurus, jangan miring atau dari samping.
9. Waktu jarum berada di dalam, keluarkan jarum sedikit untuk mencegah darah masuk ketabung suntikan.
10. Kalau kamu melihat darah, berarti kamu menyuntik pembuluh darah. Tarik jarum suntik dan coba area yang lain.
11. Pastikan kamu membersihkan area itu dan ulangi langkah-langkah sebelumnya.
12. Jika penyuntikan dilakukan di klinik oleh dokter, mintalah kepada sang dokter untuk menggunakan jarum suntik baru.

Jika kamu harus berbagi jarum suntik, bersihkan terlebih dahulu.

1. Masukan cairan pembersih ke dalam tabung suntik.
2. Sentil tabung suntikan.
3. Kocok tabung suntik selama 1 menit.
4. Dorong cairan pembersih keluar.
5. Lalu basuh tabung suntik dengan air besih sedikitnya dua kali.
6. Jangan berbagi atau mengunakan kembali air yang digunakan untuk membersihkan.

Kebanyakan dari kita tidak mendapatkan nasehat professional, kita kadang-kadang melakukan operasi tanpa mengerti tentang risikonya. Waria harus mengkonsumsi hormon sebelum melakukan operasi kelamin. Seorang waria yang tidak puas dengan efek dari hormon juga dapat memutuskan untuk tidak melakukan operasi atau bahkan berhenti mengkonsumsi hormon.

Sebagian waria menumbuhkan payudaranya hanya dengan menggunakan hormon dan tidak membutuhkan operasi untuk memiliki payudara. Sebagian lagi melakukan operasi untuk memperbesar payudaranya, sayangnya banyak teman kita yang melakukan operasi payudara atau kelamin di klinik yang tidak profesional. Hasilnya adalah bekas luka atau bahkan kesalahan bentuk. Bahkan ada saudara-saudara kita yang meninggal diatas meja operasi yang tidak higienis.

"Kita semua menginginkan hal yang paling baik dari sebuah operasi. Bertanyalah kepada teman-teman yei yang telah melakukan operasi mengenai dokter mana yang aman, berapa biayanya, dan lihat hasilnya. Kemudian carilah informasi dari media lain seperti internet, dokter dan rumah sakit. Baru kemudian ambil keputusan setelah kamu banyak mendapat informasi. Jangan hanya mengikuti saran dari satu teman saja".

Kita harus memilih dengan hati-hati prosedur yang kita inginkan dalam hal melakukan operasi kelamin. Merubah penis menjadi vagina adalah operasi yang paling rumit dan beresiko tinggi. Beberapa orang mempunyai keinginan besar untuk hal ini namun kadang tidak puas dengan hasilnya. Contohnya, kita akan kehilangan kemampuan untuk orgasme atau buang air kecil menjadi tidak normal.

Setelah melakukan operasi kelamin, banyak dari waria tidak tahu bagaimana caranya merawat vagina baru mereka, contohnya, membersihkannya dengan air kotor. Perlu diketahui, vagina baru juga harus diperlebar dengan alat sejenis dildo secara rutin supaya tetap terbuka. Berhubungan seksual dengan vagina yang belum sembuh dapat menyebabkan luka robek. Yang terakhir dan perlu diingat, bahwa vagina baru tidak mengeluarkan cairan pelumas dengan sendirinya seperti vagina perempuan, jadi harus diberikan pelumas dan menggunakan kondom ketika berhubungan seksual.

"Pastikan yei mengetahui bagaimana merawat diri setelah operasi kelamin. Jika yei tidak melakukan apa-apa atau mendiamkan vagina baru yei, maka lubang vagina akan mengecil dan menyebabkan masalah saat berhubungan seksual"

"harus diingat, setelah operasi mungkin yei akan merasa seperti wanita, tapi di dalam badan yei masih ada organ pria, yaitu kelenjar prostat. Ingat, yei harus merawat diri sendiri baik organ perempuan ataupun organ laki-laki yei"

Dari beberapa kasus, beberapa waria merasa hidupnya tidak terlalu berubah setelah melakukan operasi perubahan kelamin. Terlebih lagi, banyak waria yang kehilangan pasangan mereka justru setelah mereka melakukan operasi kelamin, karena pasangan mereka tertarik justru karena dia sebagai waria bukan sebagai wanita sejati.

Hormon mengubah *mood*, begitu juga dengan operasi. Sangat penting untuk diingat bahwa operasi kadang-kadang memberikan rasa kepercayaan diri yang salah. Intinya, adalah apa yang ada di dalam dirimu, bagaimana perasaanmu terhadap diri sendiri. Mengetahui dan mencintai diri sendiri apa adanya adalah proses yang bertahan seumur hidup. Kamu harus memprioritaskan kesehatan dibanding kecantikan. Jangan menggunakan hormon, menyuntik kolagen atau silikon sebelum mengetahui risiko-risikonya dan alangkah baiknya jika kamu mencari tahu terlebih dahulu bagaimana cara terbaik untuk melakukannya.

***Kakak* berkata : jangan lupa untuk menjaga kesehatan dan kebersihan serta melakukan pemeriksaan kanker untuk bagian laki-laki dan perempuan *yei*.**

Hampir semua teman-teman waria yang memilih untuk tidak melakukan operasi kelamin, selalu mengenakan pakaian dalam yang ketat dan melakukan teknik *menjepong*, yaitu menarik penis ke bagian belakang dan menjepitnya dengan selangkangan untuk menunjang penampilan mereka. Ini adalah kebiasaan buruk. Karena menggunakan pakaian dalam yang terlalu ketat dan menjepit penis dapat membuat testis ataupun penis menjadi sakit. Untuk itu berusahalah untuk tidak melakukan kebiasaan buruk tersebut terlalu sering. Saat kita sedang santai dirumah dan tidak ada kegiatan, sebaiknya kita mamakai pakaian dalam yang longgar dan tidak perlu *menjepong*. Bagi teman teman yang mengunakan *kempolan*, juga diharuskan untuk menjaga kebersihan kempolan dan mencucinya secara berkala.

Hormon estrogen memiliki salah satu fungsi untuk merangsang pertumbuhan kelenjar payudara. Kita yang mengkonsumsi hormon estrogen juga perlu melakukan pemeriksaan kanker payudara seperti wanita biasa pada umumnya, karena estrogen adalah salah satu faktor risiko yang dapat menyebabkan kanker payudara. Kita juga perlu melakukan pemeriksaan kanker testis. Bahkan bagi teman-teman yang sudah melakukan operasi kelamin sekalipun. Selain itu waria juga harus melakukan pemeriksaan kanker prostat menurut perhitungan yang sama dengan laki-laki.

Seks Anal

Seks anal adalah bagian yang tak terlepaskan dari aktifitas seks waria. Lubang anus sangat sempit, dan mudah terjadi luka saat sedang melakukan seks anal, untuk itu biasakan selalu menggunakan kondom dan pecilin berbahan dasar air saat melakukan anal seks. Pelicin berbahan dasar air adalah pelicin yang paling aman dan cocok untuk kondom yang terbuat dari lateks. Jangan pernah kamu menggunakan hand body lotion, atau pelumas lainnya yang mengandung minyak, karena dapat menyebabkan kondom rusak. Untuk menjaga kebersihan anus, kamu juga harus rajin melakukan pembersihan anus setiap kali setelah melakukan anal seks, terlebih lagi jika kamu punya bisul di daerah anus, karena ini bisa saja merupakan IMS. Jangan pula membersihkan anus kamu dengan pasta gigi, karena pasta gigi bukan diperuntukkan untuk membersihkan anus.

HIV dan Penyakit Menular Seksual (IMS)

Waria berada diantara populasi terinfeksi HIV terbesar. Ini berarti bahwa kita memiliki risiko tinggi terpapar IMS, HIV dan AIDS. Hasil survey kesehatan juga membuktikan bahwa telah banyak dari kita yang HIV Positif. Kenyataan ini bukan pilihan kita atau akibat dari menjadi waria yang bekerja sebagai Pekerja Seks. Kita memiliki risiko tinggi akibat dari diskriminasi sosial yang kita hadapi. Termasuk diskriminasi pekerjaan yang mengakibatkan kita memilih menjadi pekerjaan seks. Diskriminasi dalam mendapatkan perawatan kesehatan umum menghalangi kita untuk percaya dan mencari perawatan, serta penghargaan diri yang rendah disebabkan oleh stigma, dan kekerasan fisik.

***Kakak* berkata : lihat !, banyak saudara-saudara kita yang sudah terpapar HIV. Kita pun memiliki risiko yang sama.**

Kakak, bagaimana cara menggunakan kondom?

1. Cek tanggal kadarluarsa.
2. Hati-hati membuka bungkus kondom supaya tidak tersobek oleh kuku.
3. Pastikan tidak rusak oleh panas atau tekanan.
4. Pencet ujungnya agar tidak ada udara.
5. Sarungkan seluruhnya ke penis saat penis sedang ereksi, dan tambahkan pelicin berbahan dasar air.
6. Setelah Ejakulasi, segera lepas kondom saat penis masih dalam kedaan ereksi.
7. Ikat kondom dan buanglah pada tempat yang tepat.

Gunakan cairan pelicin yang tidak lengket, yaitu cairan pelicin yang berbahan dasar air. Jangan pernah menggunakan handbody, atau minyak karena akan merusak kondom. Perlu diingat juga bahwa pelicin yang berbahan dasar air mudah mengering dengan cepat. Jika kering, segeralah tambahkan lagi pelicin. Jika tidak memiliki pelumas berbasis air, gunakan ludah, dengan syarat, bahwa kondisi mulut kita dalam keadaan sehat dan bebas dari luka.

Kamu tidak bisa menggunakan kondom jika kamu tidak memilikinya. Karena itu bawalah selalu dalam tas kamu. Kalau kamu tidak bisa membelinya, kamu bisa melakukan seks tanpa penetrasi seperti *melechi* atau *gesek gesek*. Menarik penis sebelum ejakulasi mungkin mengurangi risiko terpapar HIV, tapi tidak untuk penyakit seksual lain seperti, Gonorhea, Chlamydia, dan syphilis. untuk itu lebih kreatiflah dalam melakukan seks yang aman.

Di beberapa tempat, kamu bisa membeli kondom untuk perempuan. Beberapa teman lebih menyukainya karena lebih bersih, tapi biasanya lebih mahal. Kamu juga bisa memakai pelumas yang sesuai untuk kondom perempuan tersebut.

"Kadang-kadang yei tidak mau pasangannya pakai kondom dengan alasan kalau memakai kondom mengurangi rasa nikmat.Tapi kenapa harus berjudi dengan hidup? Minggu depan bisa saja dia berhubungan dengan teman yei."

"Hanya karena pasangan yei adalah orang yang sudah menikah atau heterosexual bukan berarti dia bebas HIV atau penyakit seksual yang lain."

"Beberapa pria ada yang punya niat untuk menyakiti kita. Kalau yei bisa, usahakan untuk menemui mereka ditempat ramai dan beri tahu teman yei siapa yang yei temui dan mintalah pada mereka untuk mengingat wajahnya. Hati-hati jika pasangan yei memberi obat. Pastikan minuman yei selalu terlihat. Jika minuman lebih dulu tersaji, yei harus curiga. Percayalah pada insting yei. Jika terasa tidak nyaman maka tinggalkan tempat itu."

Di kalangan teman-teman waria juga ada mitos yang mengatakan bahwa jika menelan sperma maka akan menjadikan kita awet muda, sehingga banyak dari teman teman kita yang melakukan hal ini. Ini adalah mitos yang tidak benar, menelan sperma justru akan memperbesar resiko kita terpapar HIV.

Kakak berkata : Berhati-hatilah dengan alkohol dan obat terlarang.

Berbagi jarum suntik saat menyuntikkan obat-obatan terlarang dapat menularkan virus HIV dan Hepatitis. Mabuk dan menggunakan obat-obatan terlarang juga sama bahayanya terhadap keamananmu secara umum, terutama jika kamu tidak bisa membuat keputusan yang jelas untuk memproteksi diri sendiri. Banyak laki-laki mengambil keuntungan dengan membuatmu mabuk atau memberi obat-obatan. Untuk itu, waspadalah dan tetaplah jaga diri.

"waktu itu ekke bertemu dengan tamu di jalanan, kemudian dia menawari minuman dan membuat ekke mabuk. Dia berjanji akan membayar dengan mahal jika mau menemaninya minum. Tapi setelah ekke mabuk, ekke tidak sadarkan diri, sampai sampai paginya ekke terbangun sudah ada di pinggir Jalan Tol."

"Beberapa pria tidak mau pakai kondom karena terasa tidak enak, belajarlah untuk memakaikan kondom ke klien dengan cepat tanpa kendala sehingga itu menjadi kebiasaan. Sedikit bicara, banyak bekerja".

Artinya kamu tidak perlu diskusi tentang memakai kondom, pastikan kamu terus menyentuhnya supaya dia tetap terangsang. Jika dia tetap distimulasi maka dia mungkin tak akan peduli tentang penggunaan kondom.

Kakak, Apa yang bisa *ekke* lakukan ketika tak punya kondom

1. Kreatiflah, coba untuk menunda seks dan "simpan" untuk lain waktu dan ganti dengan memberikan dia pijitan.
2. Lakukanlah seks kecil. Buat dia orgasme dengan tanganmu. Jepit penisnya dengan dadamu atau pahamu.
3. Gunakan mulutmu, tapi harus diingat bahwa hal ini bisa dilakukan jika kamu yakin bahwa tidak ada luka di mulutmu.

Kondom adalah salah satu alat penting untuk mencegah penularan IMS dan HIV. Kondom mengurangi risiko terjangkit atau menjangkiti HIV, dan IMS seperti kencing nanah, chlamydia, syphilis/raja singa, jengger ayam, herpes dan lainnya. Pengetesan HIV dan pemeriksaan IMS adalah hal penting untuk dilakukan demi mengurangi risiko tertular. Kamu kadang lalai untuk pergi ke klinik dan rumah sakit karena pengalaman pernah diperlakukan buruk oleh petugas layanan kesehatan di masa lalu. Tapi satu-satunya cara untuk mengetahui apakah kamu atau pasanganmu mengidap HIV adalah dengan melakukan pengetesan darah. Atau disebut test VCT. Test VCT beragam di setiap tempat, ada yang gratis dan ada yang harus bayar. Bahkan sekarang, sudah ada Test untuk mengetahui status HIV yang tidak memerlukan darah dan hasilnya dapat diketahui dalam waktu sekitar 20 menit. Setiap Klinik yang memiliki layanan Test HIV pasti memiliki konselor yang akan membantu kamu menanggulangi dan mengurangi resiko HIV dan infeksi menular seksual lainnya. Kamu dapat menggunakan jasa konselor ini untuk bertanya mengenai informasi seputar IMS, HIV dan AIDS

"Apakah yei pernah merasa was-was setelah melakukan hubungan seks tanpa kondom? Jika iya, Kenapa yei ingin merasakan perasaan itu lagi?"

Kakak, apa saja gejala-gejala yang umum dari Infeksi Menular Seksual ?

1. Rasa sakit atau rasa panas dan perih sewaktu buang air kecil.
2. Mati rasa di penis, anus atau vagina.
3. Sering mengeluarkan kencing berwarna keruh atau kehijauan dan kental
4. Rasa sakit atau gatal di daerah kelamin, anus, paha dalam atau perut.
5. Rasa sakit ketika berhubungan seksual.
6. Nyeri, kutil, bercak, bentol atau bengkak di penis dan testis, anus, vagina atau daerah kelamin.
7. Kulit mengelupas pada telapak tangan atau telapak kaki.
8. Kulit dan area putih mata menjadi menguning.

Kalau kamu mengalami satu dari gejala-gejala ini, berkonsultasilah dengan praktisi kesehatan profesional dan dokter. Jangan coba untuk mengobatinya sendiri. Ingat !, mengobati sendiri dengan obat tanpa petunjuk dokter, akan membuat virus yang ada di dalam tubuh kamu menjadi kebal dan susah untuk diobati.

HIDUP DENGAN HIV

Kebanyakan waria yang terpapar HIV tidak mengetahui status positif mereka sedari dini. Konseling dan pengetesan suka rela atas kemauan sendiri jarang di targetkan atau tidak dijadikan kebutuhan oleh banyak waria. Pengalaman negatif dalam perawatan kesehatan, dan takut didiskriminasi dari linggkungan sosial juga membuat teman-teman waria enggan melakukan test HIV. Terlebih lagi, ketakutan jika mengetahui dirinya telah terpapar HIV dan hidup dengan virus HIV ditubuhnya berarti harus memikul tambahan stigma dan diskriminasi. Kamu juga mungkin merasa seperti hidup dalam batas waktu. Banyak sekali dari kita yang berfikir lebih baik tidak tahu. Tapi harus dimengerti, perawatan untuk orang yang hidup dengan HIV sekarang ini sudah modern dan memungkinkan orang yang terpapar HIV untuk hidup puluhan tahun lebih lama daripada yang tidak melakukan perawatan. Hidup dengan HIV juga berarti kita lebih rentan untuk terjangkit penyakit lain seperti TBC. Jadi, sangat penting untuk melakukan perawatan dan pengobatan untuk HIV dan penyakit lain yang mengikutinya. Keberadaan perawatan murah dan gratis dengan obat dan peralatan yang sangat canggihpun sudah dapat diakses di berbagai daerah.

KAKAK, bolehkah *ekke* pakai hormon bila sedang menggunakan obat ARV?

Perawatan HIV dan hormon dapat dilakukan bersamaan, meskipun tetap saja obat-obatan itu saling berinteraksi. Bermacam obat HIV mempengaruhi hormon dengan bermacam cara, jadi kamu harus bertanya pada dokter yang memiliki pengalaman atas masalah ini. Banyak teman-teman waria yang meninggal karena mereka mengkonsumsi hormon terlalu banyak saat dalam pengobatan HIV, untuk itu konsultasikan dengan dokter.

AKSES KE PERAWATAN KESEHATAN

Kita kadang tidak mencari perawatan atau menunda perawatan karena berbagai macam alasan dan kondisi karena kita berfikir bahwa kita akan didiskriminasikan di klinik, rumah sakit dan pusat kesehatan lainnya. Ketika pegawai kesehatan menggunjing atau bergosip tentang kita, hal ini menghilangkan semangat kita untuk kembali lagi ke klinik tersebut. Kita malas untuk mencari bantuan medis bahkan untuk masalah besar sekalipun dikarenakan bagaimana kita di perlakukan di masa lalu. Tapi, kita harus tetap mencari dokter-dokter yang paham dan mengerti akan kebutuhan kita. Tanya temanmu apakah punya saran harus pergi kemana. Tapi ingat, hanya karena dokter itu baik dan tampan, bukan berarti dia tahu dan paham tentang kesehatan waria . jadi pastikan kamu menemukan dokter yang baik dan juga pengertian terhadap waria.

PEKERJA SEKSUAL

Komunitas waria berasal dari semua lapisan masyarakat dan tingkat pendidikan. Tapi dengan dihadapkannya kita dengan diskriminasi tertentu, pilihan pekerjaan untuk kita kadang terbatas di bidang hiburan atau salon. Dengan hanya adanya pilihan ini, banyak dari kita memilih untuk menjadi pekerja seks guna mendapatkan uang. Kita juga melakukan pekerjaan seksual untuk menunaikan kewajiban moral menyokong orang tua kita, untuk membantu pendidikan saudara kita atau demi membesarkan anak-anak kita.

"Padahal, tidak semua dari kita berprofesi sebagai pekerja seks, jadi kita tidak harus selalu dikategorikan sebagai pekerja seks".

Menjadi Pekerja seks mempunya risiko tertular IMS dan HIV, memperdekat resiko penggunaan obat-obatan terlarang, dan masalah kesehatan lainnya. Kita juga kadang melakukan hal-hal yang tidak kita sukai demi untuk mendapatkan uang, seperti melayani pria yang tidak kita sukai. Sayangnya uang yang didapatkan seringkali tidak seimbang dengan resiko yang dihadaapi. Keputusasaan juga bisa menuntun pekerja seks untuk melakukan pelayanan tanpa kondom dan alat pengaman lainnya.Hal lain yang juga menjadi permasalahan dan turut memberikan faktor resiko besar adalah persoalan "Cinta", Kamu akan berusaha sekuat tenaga untuk merayu klien mu menggunakan kondom demi alasan kesehatan, namun kamu lupa menerapkan strategi ini dengan laki-laki yang kamu anggap pacarmu, kamu memilih tidak menggunakan kondom dengan pacarmu dengan alasan untuk menunjukan keintiman emosi, ataupun dengan alasan karena dia pacar kamu sendiri, padahal kamu tidak tahu apakah dia setia dan hanya berhubungan seks dengan kamu saja atau tidak.

"Ingatlah jika yei melayani pria, siapapun dia, seganteng apapun dia, baik klien ataupun pacar, yei harus selalu menggunakan kondom."

"Dulu ekke pikir kalau bawa kondom akan tidak beruntung dan susah dapat pelanggan .Tapi salah seorang teman ekke selalu bawa kondom dan dia tidak pernah dapat masalah, jadi sekarang, ekke selalu membawa kondom juga."

Menjadi pekerja seks juga rentan terhadap kekerasan fisik dari pelanggan, para kriminal, Satpol PP, dan para penegak moral. Kekerasan serta kurangnya perlindungan dari mereka yang seharusnya melindungi kita, adalah pelanggaran hak asasi manusia. Terlebih lagi, para polisi dan Satpol PP sering secara aktif menargetkan dan menangkap waria dengan alasan karena waria bekerja sebagai pekerja seks, bahkan untuk mereka yang bukan pekerja seks sekalipun, masih saja ditangkap jika sedang berada diluar rumah saat malam hari. Hanya dengan menjadi waria dan berjalan di area tertentu yang sering dikunjungi oleh pekerja sek, turis, pelajar, atau umat ber-agama juga dapat mengakibatkan penangkapan. Membawa kondom juga bisa menjadi masalah sebab polisi dapat menjadikan itu sebagai bukti sebagai seorang pekerja seks. Untuk itu, kamu harus menyembunyikan kondom sebaik mungkin sewaktu membawanya.

Tips untuk bekerja sebagai pekerja seks yang aman:

- Mintalah kepada seorang teman satu pangkalanmu untuk mengenali pelangganmu sebelum kamu pergi dengan pelangganmu itu.
- Beri tahu setiap klien mu kapan mereka harus menelpon atau datang ke tempat tinggalmu.
- Jika kamu bekerja secara freelance, jangan bekerja sendirian. Pastikan ada temanmu di area itu.
- Berteriaklah kalau kamu merasa terancam.
- Gunakan hand phone untuk memotret atau mengambil video jika kamu mengalami tindak kekerasan.
- Berusahalah untuk selalu mengingat wajah, nomor kendaraan, tempat kejadian, waktu kejadian setiap kali kamu mengalami tindak kekerasan, dan laporkanlah sesegera mungkin ke kantor polisi terdekat.
- Cobalah untuk meminta bantuan ke lembaga- lembaga bantuan hukum atas kekerasan yang kamu alami jika pihak yang berwajib kurang meresponmu.
- Kalau kamu bekerja di dalam ruangan, cobalah untuk sesekali melihat keluar untuk bisa melihat apa yang terjadi diluar, seperti jika ada polisi atau pelaku kekerasan datang .

HAK ASASI MANUSIA

Hak Asasi Manusia menyangkut mengenai keamanan, martabat, dan kesetaraan dari tiap orang, tanpa memandang kewarganegaraan, ras, jenis kelamin, seksualitas, pekerjaan, atau kriteria lain. Kita semua berhak atas hak dasar kita, seperti kebebasan menjalankan agama masing-masing atau kebebasan menjalankan hidup kita tanpa ancaman dan kekerasan. Akan tetapi, sebagai waria sering kali kita menjadi objek kekerasan, baik langsung yang berupa kekerasan fisik maupun tidak langsung yang berupa kesulitan-kesulitan untuk bertahan hidup. Banyak orang mengetahui bahwa pemerkosaan, kekerasan seksual, dan penyerangan fisik adalah bentuk kejahatan yang tidak harus kita alami. namun hanya sedikit orang yang peduli dan memahami bahwa kita hidup dalam kekerasan dan diskriminasi setiap hari.

Permasalahan sosial seperti stigma dan diskriminasi memainkan peranan penting dalam pembentukan siapa diri kita. Dari usia yang sangat muda, kita diledek, ditertawai, dianggap aneh dan didiskriminasikan di rumah, di sekolah, dan dalam komunitas agama kita. Kita merasa kenyaman diri kita terancam, kita tidak pernah merasa nyaman. Kesempatan pendidikan dan pekerjaan kita dibatasi. Permasalahan kesehatan kita diremehkan. Kita ditolak berperan aktif dalam masyarakat. Diskriminasi mempengaruhi seluruh aspek dalam hidup kita. Bahkan ketika adanya anggapan positif tentang kita sekalipun selalu dianggap sebelah mata, hal ini sangat menyakitkan. Contohnya ketika kita kreatif sering kali kita digiring kedalam profesi yang hanya berkaitan dengan entertainment, fashion, dan kecantikan. Dimana kebanyakan dari kita berkecimpung sebagai penata rambut, designer, atau performer, padahal seharusnya kita tidak dibatasi hanya dalam pekerjaan-pekerjaan itu saja.

Sebagai waria, kita menghadapi tantangan tersendiri dalam hidup. Contohnya, ketika kita bepergian ke luar negeri, kita sering ditahan dan ditanyai tentang kenapa jenis kelamin yang tertera di passport tidak sama dengan penampilan kita. Banyak negara dewasa ini yang memperbolehkan kita untuk mengubah kartu identitas dan passport kita untuk merefleksikan bagaimana kita menjalani hidup sehari-hari. Ini membawa perubahan yang luarbiasa dan membuka hak tambahan, termasuk hak pernikahan dan mengadopsi anak.

DUKUNGAN SOSIAL DAN PEMBERDAYAAN

Penerimaan sosial diawali dengan penerimaan diri sendiri, dan berkembang menuju penerimaan sosial. Kita perlu untuk menghormati diri sendiri dan komunitas kita. Kita harus berusaha untuk mencapai penerimaan keluarga. Kita perlu menuntut tempat yang setara dalam masyarakat.

Perubahan sosial di masyarakat mempengaruhi kesehatan kita karena kesehatan berhubungan dengan posisi kita di masyarakat. Jadi kita harus berjuang dan menarik dukungan dari orang lain untuk mendapatkan hak yang sama dan penerimaan di masyarakat. Ini tidak akan terjadi hanya dengan belajar untuk mencintai dan menjaga diri sendiri dan komunitas kita. Kita juga harus berperan serta menuntut perubahan. Perubahan dalam peraturan perundang-undangan, perubahan dalam perilaku sosial, dan peningkatan ekonomi. Hal ini sangat penting bagi kita untuk mencapai hidup yang layak dan lebih produktif. Kehidupan yang tidak membuat terpuruk dalam perjuangan hidup sehari-hari namun kehidupan yang menyediakan kesempatan-kesempatan yang membuat kita sejahtera.

"setiap dari kita pasti memiliki sebuah keluarga, tapi kadang kita ditolak oleh keluarga kita karena kita waria. Untuk itu kita harus menguatkan satu sama lain sesama waria sebagai sebuah keluarga. Kita perlu saling dukung untuk menjadi yang terbaik yang kita bisa".

Kita harus menjaga diri dan bertanggung jawab atas kesehatan kita dan kesejahteraan komunitas kita sehingga komunitas kita bisa menjadi lebih solid dan kuat.

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DAFTAR ISTILAH

AIDS : *Accuired Immuno Deficiency Syndrom*

Dokter endokrin: *Dokter ahli spesialis hormonal*

Ekke :*Saya / panggilan akrab untuk menyebut diri sendiri*

Emak : *Sebutan atau panggilan kepada waria yang dianggap senior*

Estrogen : *sekelompok senyawa yang berfungsi terutama sebagai hormon seks perempuan*

Feminin : *sifat yang dilekatkan atau diidentikan kepada perempuan*

Gay : *Identitas seksual bagi seorang laki- laki yang memiliki ketertarikan secara seksual kepada laki-laki*

Gesek-gesek : *kegiatan seksual dengan cara menggesek gesekan alat kelamin ke bagian paha, Selangkangan, payudara, dan anggota badan lainnya*

HIV : *Human Immuno Deficiency Virus*

IMS : *Infeksi Menular Seksual*

Kakak :*Panggilan akrab untuk teman yang lebih tua*

Kempolam : *Celana dalam yang didesain khusus dengan tambahan spons atau busa yang dikenakan waria untuk menunjang penampilan*

Melechi : *Onani dengan tangan*

Menjepong : *Menarik penis ke bagian belakang dan menjepitnya dengan selangkangan kemudian mengenakan celana dalam*

Nekk : *Panggilan akrab bagi sesama komunitas waria. ("*mau kemana *Nekk?")*

Orientasi seksual*: ketertarikan secara seksual kepada satu atau dua jenis kelamin*

Test VCT: *Voluntary Consultacy Testing/Test darah sukarela yang dilakukan untuk mengetahui status HIV dengan didahului konseling dengan konselor*

Tertosteron : *sekelompok senyawa yang berfungsi terutama sebagai hormon seks pria.*

Waria : *Wanita pria / Sebutan yang merujuk kepada seseorang yang terlahir sebagai laki-laki, namun memiliki perasaan sebagai perempuan dan melakukan peran perempuan dalam kehidupan sehari-hari / Istilah ini adalah istilah dengan konotasi positif dan yang paling dapat diterima oleh komunitas waria*

Wanita transgender : *Terjemahan bebas dari kata asli berbahasa inggris "transgender women" yang berarti waria*

Yei : *Kamu / panggilan akrab untuk menyebut lawan bicara*

CREDITS

Buku ini diadaptasi dari buku dengan judul **"TRANSGENDER HEALTH HANDBOOK"** yang dikembangkan oleh Jaringan APNSW-APTN (Asia Pacific Transgender Network)

Diadaptasi dan dicetak oleh Sanggar Waria Remaja - Yayasan Srikandi Sejati dengan dukungan dana dari WPF (World Population Fund) Indonesia

Contributor	: Ienes Angela, Siska"Noya"Dewi, Thalia,Shanty, Yola, Stella,Lisa, Enjulika, Camelia
Editor	: Luluk Surahman
Foto	: Koleksi Sanggar Waria Remaja - Yayasan Srikandi Sejati
Desain Lay out	: Hanny Lim
Tanggal Cetak	: 01 Desember 2010

Sanggar Warna Remaja
Yayasan Srikandi Sejati
Jl. Pisangan Baru III No. 64
Matraman - Jakarta Timur
Indonesia 13110
Telp : +6221 8577018
email : srikandiyouth@yahoo.com
srikandisejati_foundation@yahoo.com
FB : srikandiyouth@yahoo.com

Appendix D: Poster Presentation

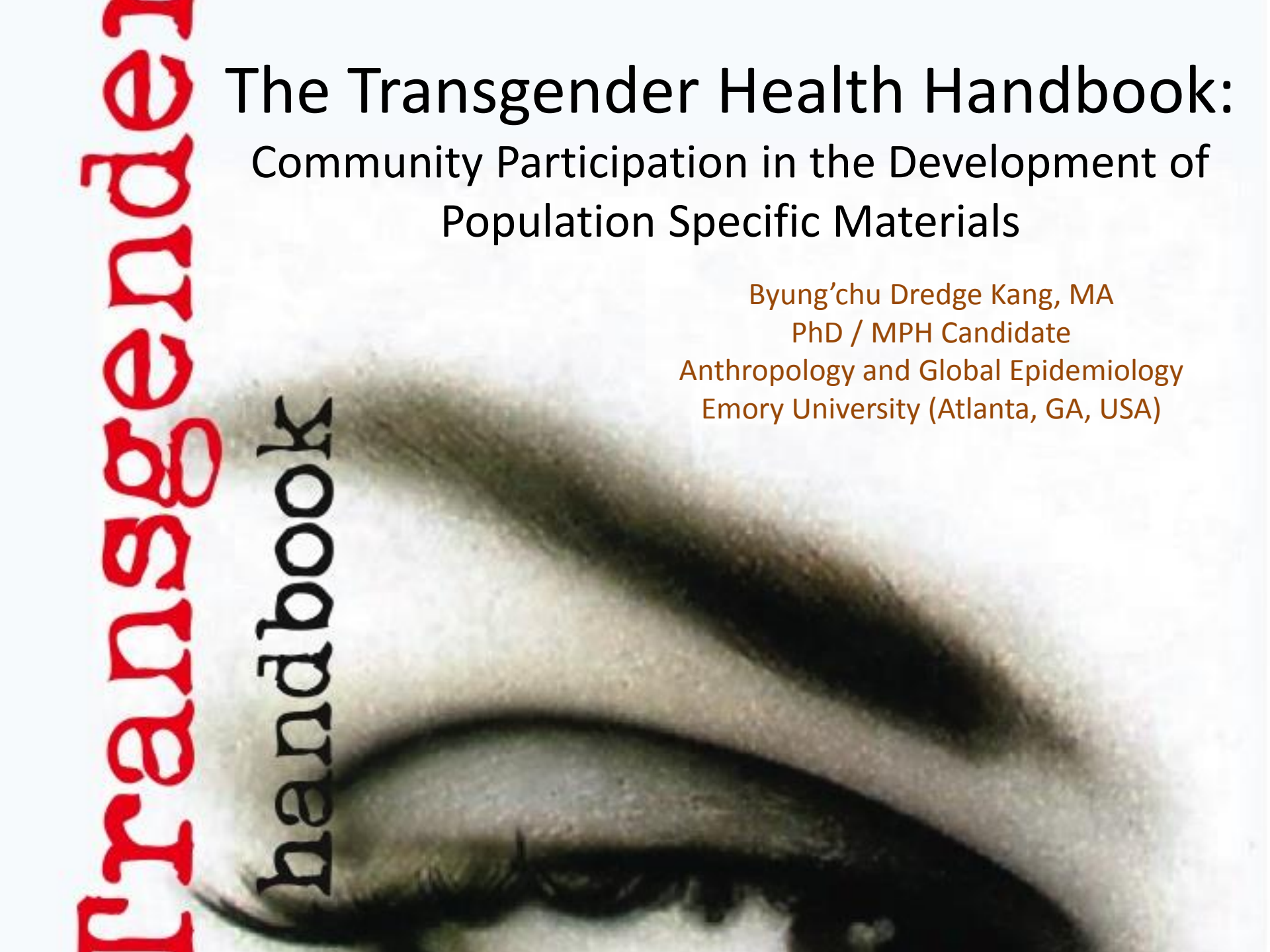
[9 Pages]

Kang, Dredge Byung'chu. 2011. The Transgender Health Handbook: Community Participation in the Development of Population Specific Materials. Poster presented at the 10th International Congress on AIDS in Asia and Pacific: Busan, Korea, August 26-30.

The Transgender Health Handbook:

Community Participation in the Development of Population Specific Materials

Byung'chu Dredge Kang, MA
PhD / MPH Candidate
Anthropology and Global Epidemiology
Emory University (Atlanta, GA, USA)



Issues

- Male-to-female transgender people (TG) are at particularly high risk for HIV, typically having higher seroprevalence rates than other men who have sex with men (MSM).
- As they are often subsumed under the MSM funding category, programs and materials typically do not focus on TG individuals but rather gay identified men and male sex workers.
- TG are also vulnerable to syndemic conditions based on their unique background: TG experience high rates of discrimination in health care, depression, under-education, unemployment, sex work, drug use, violence, rape, and police brutality.
- TG also engage in feminization practices (e.g. hormone use and body modification-including by injection and surgery) that pose additional health risks.

Community Identified Need

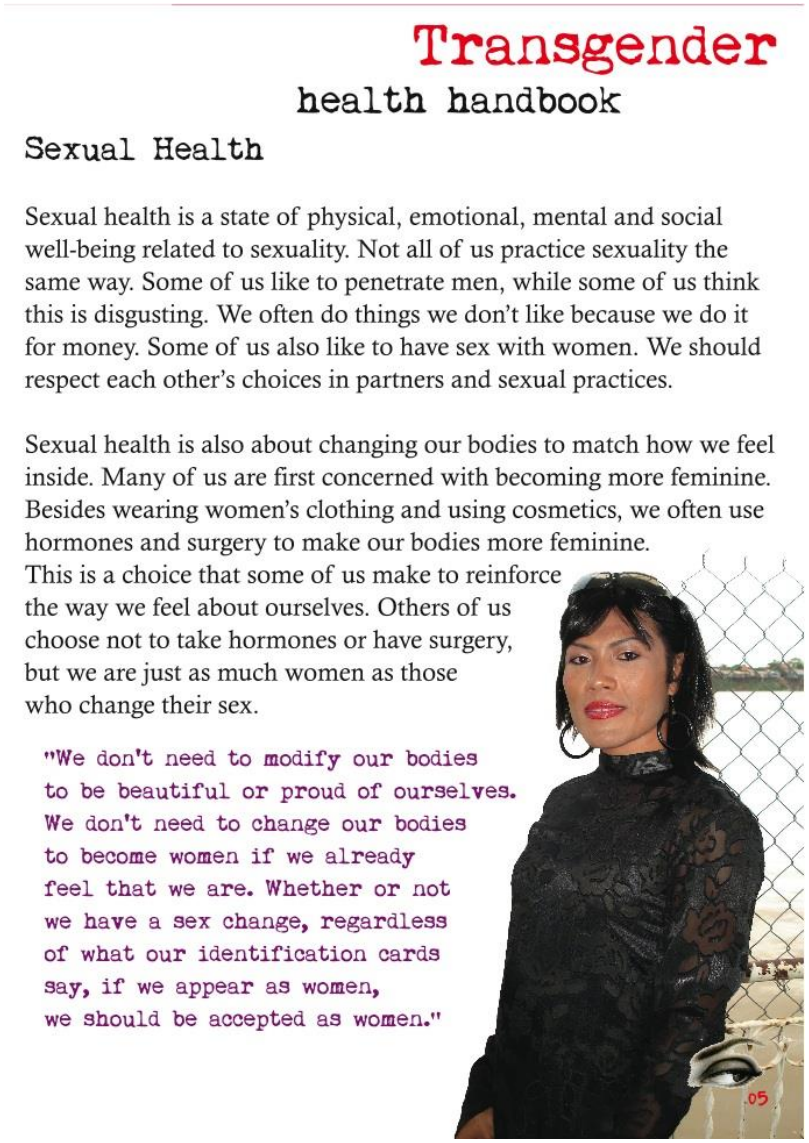
- The Asian Pacific Network of Sex Workers (APNSW) convened the Transtravaganza-Asia Transgender Health workshop in Pattaya in January 2006 with participants from 8 countries.
- Participants prioritized a simply written (and easily translatable) health information resource booklet specifically targeting issues relevant to TGs in Asia: information on hormones, mental health issues, aging, HIV prevention, and living with HIV.
- A working group developed to spearhead this project and APNSW received funding for the Greater Mekong Sub-Region in February 2008.

A TG Community Network & Capacity

- In June 2008, the Asia Pacific Coalition on Male Sexual Health (APCOM) and APNSW agreed to a joint strategy on the development of an Asia Pacific Transgender Network (APTN).
  - At the Risks and Responsibilities Consultation held in New Delhi in September 2006, the TG caucus resolved to create their own network.
  - The clear message from TGs was that TGs are not men, that inclusion of TGs into MSM services, research, and data reporting leads to an under-reporting of TG HIV incidence and compounds the lack of health services and systemic discrimination TGs face in society.
  - Both APCOM and APNSW recognized the potential synergy of their networks, and the strength of TG in addressing their own urgent needs, and thus resolved to create a TG specific network.
- In March 2009, 7 Sisters joined APCOM and APNSW in the effort to develop APTN with a focus on strategic planning and leadership development.
  - All three organizations combined funding into a single pool to work on the development of a health handbook for TGs in Asia/Pacific and the APTN with Dredge Kang as Writer/Mentor and Hua Boonyapisomparn as Coordinator.

Project: Transgender Health Handbook

- APNSW developed a Transgender Health Handbook. The process involved a community consultation (Bangkok) to identify issues of importance and two additional consultations to provide feedback on the draft handbook (Bali and Bangkok).



Transgender
health handbook

Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality. Not all of us practice sexuality the same way. Some of us like to penetrate men, while some of us think this is disgusting. We often do things we don't like because we do it for money. Some of us also like to have sex with women. We should respect each other's choices in partners and sexual practices.

Sexual health is also about changing our bodies to match how we feel inside. Many of us are first concerned with becoming more feminine. Besides wearing women's clothing and using cosmetics, we often use hormones and surgery to make our bodies more feminine. This is a choice that some of us make to reinforce the way we feel about ourselves. Others of us choose not to take hormones or have surgery, but we are just as much women as those who change their sex.

"We don't need to modify our bodies to be beautiful or proud of ourselves. We don't need to change our bodies to become women if we already feel that we are. Whether or not we have a sex change, regardless of what our identification cards say, if we appear as women, we should be accepted as women."

05

Project: Asia Pacific Transgender Network

- APCOM and 7 Sisters convened a TG caucus and an APTN planning meeting at the 9th ICAAP (Bali) in August 2009. The process for the selection of participants at the first APTN meeting and a draft agenda were formulated.

APNSW, APCOM, and 7 Sisters convened two consecutive meetings in Bangkok in December 2009 to 1) finalize the TG Health Handbook and 2) develop a governance structure and strategic plan for APTN with simultaneous interpretation in Mandarin, Thai, and Khmer. This reduced travel expenses as many TGs participated in both meetings. A joint reception between the meetings also brought all participants together at once.

Big Sister says: Don't forget you need cancer screening for both your girl and boy parts.

Transgender women on female hormones need breast cancer screening like regular women since estrogens are a risk factor for breast cancer.

Pre-operative transgender women need testicular cancer screening.

Even after sex change surgery, transgender women need prostate cancer screening on the same age related basis as males.

You should get anal pap smears if you have anal sex, especially if you have had genital warts before.

Results

- Due to wide community participation in development of the Transgender Health Handbook, the materials were well received. The handbook has been translated into Indonesian and is being translated into Burmese, Malay, and Cambodian.
- Funding for materials development was synergized to help develop a network for TG in the Asia Pacific region.

Big Sister Says: Be careful with alcohol and drugs.

Sharing needles when injecting drugs can spread diseases like HIV and hepatitis. But being drunk or using drugs can be just as dangerous if you aren't able to make clear decisions or protect yourself. Many men will try to take advantage of you by getting you drunk or drugging you. Know your limits and stay within them.

"Many men don't want to use condoms because it doesn't feel as good, it spoils the mood, or it makes them feel unattractive. Practice putting on a condom quickly and without fuss so that it just becomes second nature.

TALK LESS, DO MORE

That means you don't have to discuss using condoms, just make sure you keep touching him so he stays aroused. If he is always being stimulated, he probably won't care about using a condom."

Big Sister, what can I do when I don't have a condom?

- Be creative. Try to delay penetrative sex, "save" it for another time. Try phone sex. Give him a massage.
- Have "small" sex. Bring him to orgasm with your hands. Have him fuck your thighs or breasts.

Lessons Learned

- Community participation is essential to the development of targeted materials which are life-world relevant.
- Funding from projects such as materials development can be leveraged to develop community networks.
  - Additional funding and support provided by APCOM, 7 Sisters, and the SEA HIV/AIDS Technical Support Facility.

Big Sister, what are some common symptoms of sexually transmitted diseases?

- Pain or burning sensation during urination
- Discharge from the penis, anus, or vagina
- Frequent or dark urination
- Pain or itching in the genital area, buttocks, inner thighs or abdomen
- Pain during intercourse
- Sores, warts, blisters, bumps, or swelling of the penis, scrotum, anus, vagina, or genital area
- Rashes on the palms or soles
- Yellowing of skin and the white area of the eyes

If you have any of these symptoms, you should consult a qualified health professional. Do not try to treat yourself.

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Information & Acknowledgements

The Transgender Health Handbook

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Text by Dredge Byung'chu Käng-Nguyễn.

Edited by Andrew Hunter.

List of Contributors (in alphabetical order by first name): Aldo Saragi, Amitava Sarkar, Ayer Chengtrakun, Amornsak Jaruphan, Champa Sela Sam, Harry Prabowo, Hua Boonyapisomparn, Jesse Koh, Khartini Slamah, Nada Chaiyajit, Nita Ly Tieng, Note Jetsada Taesombat, Pisey Ly, Prempreeda Pramojna Ayutthaya, Rina Elisha Kor, Senee Vongsavan, Somelith Detthongthip, Sophea Chrek, Sulastri Ariffin, and Thitiyanun Nakpor.

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